Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103 Revised 1-1-89

Energy, Minerals and Natural Resources Department

District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			WELL, API NO.			
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Arlesia, NM 88210			5. Indicate Type of Lease STATE FEE			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SEC 32					
SUNDRY NOTICES AN (DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. U: (FORM C-101) FOR						
OIL GAS WELL GAS	OTHER INJECT	OR .				
2. Name of Operator SHELL WESTERN E&P INC.			8. Well No. 142			
3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)			9. Pool name or Wildcat HOBBS (G/SA)			
4. Well Location Unit Letter M/N :610/31 Feet		Line and 1210/	1377 Feet From Th	e <u>WEST</u>	Line	
Section 32 Town	aship 18S Ran 10. Elevation (Show whether D	ge 38E OF, RKB, RT, GR, esc.)	NMPM LEA		County	
11. Check Approp	riate Box to Indicate NON TO:	lature of Notice, R	eport, or Other D SEQUENT REF	PORT OF:		
PERFORM REMEDIAL WORK PLI	JG AND ABANDON	REMEDIAL WORK	AL	TERING CASING		
	ANGE PLANS	COMMENCE DRILLING	G OPNS. DPL	UG AND ABAND	ONMENT L	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB		F	
OTHER:	🗆 🗎	OTHER: ACD IR	ATMENT		lx	
 Describe Proposed or Completed Operations (Cleawork) SEE RULE 1103. 9-4-84 	vriy state all pertinent details, an	d give pertinent dates, incli	iding estimated date of su	aning any proposed	l	
PUMPED 1000 GAL 15% NE HCL D	OWN TBG. RETD TO	INJECTION.				
I hereby certify that the information above is true and comp	viete to the best of my knowledge and	DDOD ADMIN	. ADVISOR	_ рате5-1-	89	
SIGNATURE CMITTLE DM			713) 870-3797	TELEPHONE NO.		
TYPE OR PRINT NAME J. H. SMITHERM		\			1 4000	
(This space for State Use) ORIGINAL SIGNED B DISTRICT I SU				MAY	4 1989	
APPROVED BY	тл	TE		DATE		