

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

API #30-025-28880

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name N. HOBBS (G/SA) UNIT
2. Name of Operator SHELL WESTERN E&P INC.	8. Farm or Lease Name SECTION 19
3. Address of Operator P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)	9. Well No. 212
4. Location of Well UNIT LETTER <u>C</u> <u>160</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1460</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>19</u> TOWNSHIP <u>18-S</u> RANGE <u>38-E</u> N.M.P.M.	10. Field and Pool, or Widest HOBBS (G/SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3664.8' GL	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPER. ☐
CASING TEST AND CEMENT JOB ☐
OTHER OAP & ACD ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

2-12-88: POH w/prod equip.

2-13-88: CO to 4302'. Perf'd San Andres 4148' - 4281' (2 JSPF). Acd perfs 4144' - 4283' w/2000 gals 15% HCl-NEA + 800# rock salt.

2-15-88: Install prod equip & returned well to prod.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED J. Marcus [Signature] A. J. FORE

TITLE SUPERVISOR REG. & PERMITTING

DATE 3-31-88

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: