

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

API #30-025-28881

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. 442
4. Location of Well UNIT LETTER <u>P</u> , <u>1100</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>380</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>19</u> TOWNSHIP <u>18S</u> RANGE <u>38E</u> N.M.P.M.		10. Field and Pool, or Wildcat HOBBS (G/SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3653.1' GL		12. County LEA

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER <u>Set CIBP, OAP & Acd</u> ☒

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.

5-18 to 5-20-88:

POH w/prod equip. CO to 4319' (PBTD). Set CIBP @ 4267'. Perf'd San Andres 4206' - 49' (2 JSPP). Acd perfs 4205' - 63' w/1500 gals 15% HCl-NEA + 900# rock salt. Installed prod equip & retd well to prod.

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

SIGNED <u>A. J. FORE</u>	TITLE <u>SUPERVISOR REG. & PERMITTING</u>	DATE <u>9-12-88</u>
APPROVED BY <u>Paul Kautz</u> Geologist		
CONDITIONS OF APPROVAL, IF ANY:		