

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 10-1-77

API #30-025-28886

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. CIL WELL ☒ CAS 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 30
3. Address of Operator P.O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)	9. Well No. 242
4. Location of Well UNIT LETTER <u>N</u> <u>200</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1400</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>30</u> TOWNSHIP <u>18-S</u> RANGE <u>38-E</u> M.M.P.M.	10. Field and Pool, or Wildcat HOBBS (G/SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3650.4' GL	12. County LEA

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER <u>OAP & ACDZ</u> ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	OTHER ☐

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.

1. POH w/prod equip.
2. CO to 4270'.
3. Spot 2 bbls 15% HCl from 4250' to 4190'.
4. Perf San Andres 4227' - 4240' (2 JSPF).
5. Acdz perms 4165' - 4240' w/1750 gals 15% HCl.
6. Install prod equip & return well to prod.

NSL Order R-7628

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

SIGNED A. J. FORE

TITLE SUPERVISOR REG. & PERMITTING

DATE NOVEMBER 13, 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: