

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-29063
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SECTION 30
8. Well No. 112
9. Pool name or Wildcat HOBBS (G/SA)

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Shell Western E&P Inc.	
3. Address of Operator P.O. Box 576 Houston, TX 77001-0576	
4. Well Location Unit Letter <u>D</u> : <u>200</u> Feet From The <u>NORTH</u> Line and <u>1310</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>18S</u> Range <u>38E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3657 GR	

11. 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: SET CIBP, OAP & AT ☒

SUBSEQUENT REPORT OF:

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

12. 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 PBTD (4321).
3. SET CIBP @ 4200.
4. SET RBP @ 4080.
5. SPOT 150 GALS 15% NEFE HCL ABV RBP.
6. PERF SA 4034-63 (2 JSPF).
7. REL RBP & POH.
8. ACDZ PERFS 4034-63 W/2100 GALS 15% NEFE HCL.
9. INST PROD EQUIP & RET WELL TO PROD.

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

SIGNATURE J. H. Smitherman TITLE REGULATORY SUPV. DATE 7-10-90
TYPE OR PRINT NAME J. H. SMITHERMAN TELEPHONE NO. (713) 870-3797

(This space for State Use)

APPROVED BY CONTRACT SUPERVISOR TITLE CONTRACT SUPERVISOR DATE JUL 10 1990
CONDITIONS OF APPROVAL, IF ANY: