

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-79

API #30-025-29063

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. (4431 WCK)	8. Farm or Lease Name SECTION 30
3. Address of Operator P. O. BOX 991, HOUSTON, TEXAS 77001	9. Well No. 112
4. Location of Well 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>18-S</u> RANGE <u>38-E</u> N.M.P.M.	10. Field and Pool, or Wildcat HOBBS (G/SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3657' 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 OAP/AT ☒

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 1603.

- 1) CO to 4321'.
- 2) Perf San Andres 4159' - 4264' w/ 2 JSPF.
- 3) Selectively AT San Andres 4117' - 4264' w/ 2100 gals 15% HCl acid + 60 ball sealers using RBP's and pkr's.
- 4) Return to production.

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 SUPV. REGULATORY & PERMITTING DATE NOV 16 1988

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: