

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. 30-025-29130
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. 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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SECTION 24
2. Name of Operator Shell Western E&P Inc.	8. Well No. 312
3. Address of Operator P.O. Box 576 Houston, TX 77001-0576 (check 4587)	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location Unit Letter <u>B</u> : <u>10</u> Feet From The <u>NORTH</u> Line and <u>2630</u> Feet From The <u>EAST</u> Line Section <u>24</u> Township <u>18S</u> Range <u>37E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3668' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>OAP & AT</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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 EQMT.
2. PERF SA 4038-65' (2 SPF).
3. AT PERFS 4038-69' W/3000 GAL 15% NEFE HCL.
4. INST PROD EQMT & RTP.

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

SIGNATURE Kou Ritzgen IAO W.F.N. Kelldorf TITLE TECH. MANAGER - ENVIR. ENG. DATE 4/08/92

TYPE OR PRINT NAME W. F. N. KELLDORF

TELEPHONE NO. 713/870-3426

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 18 1992