State of New Mexico Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-025-29130 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 FEE . 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) N. HOBBS (G/SA) UNIT Type of Well: SECTION 24 GAS WELL WELL 2. Name of Operator 8. Well No. Shell Western E&P Inc. 312 3. Address of Operator (WCK 4435 9. Pool name or Wildcat P.O. Box 576 Houston, TX 77001-0576 HOBBS (G/SA) 4. Well Location 10 Feet From The Unit Letter _ NORTH 2630 Feet From The Line and **EAST** Line Township 185 Range 37E **NMPM** LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3668' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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 CASING TEST AND CEMENT JOB OTHER: OTHER: ACD 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. 7-24 TO 7-25-91: POH W/PROD EQMT. CO TO PBTD @ 4100'. ACD SA PERFS 4052-69' W/2500 GAL 15% NEFE HCL. INST PROD EQMT & RTP.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE AAAmitheman TITLE REGULATORY	SUPV. DATE 9/27/91
TYPEOR PRINT NAME J. H. SMITHERMAN	TELEPHONE NO. 713/870-379
(This space for State Use) (JRAMARA), WILLIAM BY BERRY SEX FOR BY SEX FOR	

TITLE .

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY ...