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.
30-025-29172

5. Indicate Type of Lease
STATE ☐   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
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
N. HOBBS (G/SA) UNIT
SECTION 19

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

8. Well No.
232

2. Name of Operator
Shell Western E&P Inc.

3. Address of Operator
P.O. Box 576   Houston, TX   77001-0576

9. Pool name or Wildcat
HOBBS (G/SA)

4. Well Location

Unit Letter __K__ : __2501__ Feet From The __SOUTH__ Line and __1410__ Feet From The __WEST__ Line

Section __19__   Township __18S__   Range __38E__   NMPM   __LEA__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3661.2' 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: _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: __OAP & 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.

3-04 TO 3-08-91:

POH W/PROD EQUIP. CO TO PBTD (4268'). PERF'D SA 4067' – 4165' (2 SPF). ATTMPTD
TO SELECTIVELY ACDZ PERFS 4067' – 4165' W/2500 GALS 15% NEFE HCL, HAD COMM. ACD PERFS
4067' – 4165' W/2500 GALS 15% NEFE HCL. INST PROD EQUIP & RTP.

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 __7/17/91__

TYPE OR PRINT NAME __J. H. SMITHERMAN__   TELEPHONE NO. 713/870-3797

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: