Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

APPROVED BY ----

CONDITIONS OF APPROVAL, IP ANY:

| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 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.) | | WELL API NO. 30-025-29172 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT | | | | |
|--|--|---|--|--|---|------------|
| | | | | 1. Type of Well: ORL GAS WELL X WELL OTHER | | SECTION 19 |
| | | | | 2. Name of Operator | | Well No. |
| | | | | Shell Western E&P Inc. | _ | 232 |
| 3. Address of Operator (WCA 4135) | | . Pool name or Wildcat | | | | |
| P.O. Box 576 Houston, TX 77001-0576 | | IOBBS (G/SA) | | | | |
| 4. Well Location Unit Letter K : 2501 Feet From The SOUTH | Line and14 | 410 Feet From The WEST Line | | | | |
| | | _ | | | | |
| 10. Elevation (Show whether | | IPM LEA County | | | | |
| ////////////////////////////////////// | | | | | | |
| 11. Check Appropriate Box to Indicate I | - | ort, or Other Data EQUENT 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 OTHER: OAP & ACDZ | CASING TEST AND CEMENT JOB | | | | | |
| OTHER: OAP & ACDZ | OTHER: | | | | | |
| Describe Proposed or Completed Operations (Clearly state all pertinent details, as work) SEE RULE 1103. | id give pertinent dates, including | g estimated date of starting any proposed | | | | |
| POH W/PROD EQUIP. CO TO PBTD @ 4270'+/ SPOT 400 GALS 15% NEFE HCL & POH. PERF SA 4076' - 4165' (2 JSPF). ACDZ PERFS 4076' - 4165' W/2500 GALS 15% NEFE H INST PROD EQUIP & RET WELL TO PROD. | CL. | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and skinature TYPE OR PRINT NAME J. H. SMITHERMAN | l belief. REGULATORY SUI | PV. DATE 10/02/90 TELEPHONE NO. 870–3797 | | | | |
| (This space for State Use) | | | | | | |
| (STOCKED BY | TUE | DATE | | | | |

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