

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.  
**30-025-29195**

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.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER **INJECTOR**

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

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

3. Address of Operator  
**P.O. Box 576, Houston, TX 77001** (wck 5237)

8. Well No.  
**332**

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

4. Well Location  
Unit Letter **J** : **1430** Feet From The **SOUTH** Line and **2535** Feet From The **EAST** Line

Section **19** Township **18S** Range **38E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3656.8' 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: **MIT** ☒

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.

**8-16-94:**

**PT TBG/CSG ANN TO 300# FOR 30 MIN, HELD. (CHART ATTACHED) RTI.**

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

SIGNATURE *A. J. Durrani* TITLE **TECH MGR - ASSET ADMIN.** DATE **9/13/94**

TYPE OR PRINT NAME **A. J. DURRANI**

TELEPHONE NO. **713/544-3797**

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**SEP 20 1994**

*ICB*

