## State of New Mexico

to Appropriate District Office	Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89	
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico		30-025-29196	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE X  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	
1. Type of Well: OR. GAS WELL [X] WELL	OTHER	7-17-7-1	SECTION 19	
2. Name of Operator			8. Well No.	
Shell Western E&P Inc.			422	
3. Address of Operator	(wik 4465	, )	9. Pool name or Wildcat	
P.O. BOX 576 Houston, IX 77001-0576			HOBBS (G/SA)	
4. Well Location				
Unit Letter H: 24	95 Feet From The NORTH	Line and	119 Feet From The EAST Line	
Castin- 40	Townsie 400		)	
Section 19	Township 18S R  10. Elevation (Show whether	ange 38E DF, RKB, RT, GR, etc.)	NMPM LEA County	
	3653' GR	- :	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
11. Check	Appropriate Box to Indicate	Nature of Notice R	Report or Other Data	
NOTICE OF IN				
NOTICE OF IN		308	SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. L PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB []	
OTHER:		OTHER: TA'D	K	
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent details, c	and give pertinent dates, incli	uding estimated date of starting any proposed	
4-08 TO 4-09-93:				
POH W/PROD EQMT. CO W/E 500# FOR 30 MIN, HELD. (CH LOC. WELL TA'D.				
PURSUANT TO THE PROVISIONS ABANDONMENT STATUS FOR F		WESTERN HEREBY	REQUESTS TEMPORARY	
		<b>71.</b> 1. 1. 1.		
		ints Appi Abandonme	roval of Temporary 5-1.92	
I hereby certify that the information above is to	ue and complete to the best of my knowledge at	d belief.		
SIGNATURE Offices h	lyne, T	TECH. MANAGE	R - ASSET ADMIN. DATE 4/19/93	
TYPE OR PRINT NAME J. L. MORRIS			TELEPHONE NO. 713/870-37	
(This space for State Use) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	or volume the thing of the same of the sa			
	· Committee of the comm		APR 2 7 1993	
APPROVED BY	т	TILE	DATE	

CONDITIONS OF APPROVAL, IP ANY: