

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. <u>30-025-07411</u>
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 SECTION 28
8. Well No. 441
9. Pool name or Wildcat HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3642' GR

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.
3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)
4. Well Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>EAST</u> Line and <u>330</u> Feet From The <u>SOUTH</u> Line Section <u>28</u> Township <u>18S</u> Range <u>38E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3642' 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: Acid ☒

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.

6-06 to 6-13-89:

POH w/inj equip. CO to 4260' (PBTD). Acid San Andres perfs 4138' - 4257' w/4850 gals 15% HCl + 250# rock salt. Ran GR log from 4230' to 3700'. Installed inj equip, setting Guib Uni-Akr VI @ 3906'. Pres tstd csg to 500# for 30 min, held OK. Retd to inj.

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 7-28-89
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEBASTIAN

APPROVED BY DISTRICT I SUPERVISOR TITLE DATE AUG 1 1989

CONDITIONS OF APPROVAL, IF ANY: