

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-29098
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR	7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SECTION 24
2. Name of Operator SHELL WESTERN E&P INC.	8. Well No. 442
3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location Unit Letter <u>P</u> : <u>1260</u> Feet From The <u>SOUTH</u> Line and <u>200</u> Feet From The <u>EAST</u> Line Section <u>24</u> Township <u>18S</u> Range <u>38E³⁷</u> NMPM LEA County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3662' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Acid & Pres Tstsd</u> <input checked="" type="checkbox"/>	

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.

9-27 to 10-02-89:
POH w/inj equip. CO to 4345' (PRTD). Acid perms 4165' - 4215' w/1500 gals 15% NEFE HCl. Pres tstd sqzd perms 4141' - 56' to 800#, would not hold. Pres tstd sqzd perms 4070' - 80' to 500#, held. Installed inj equip, setting Guib UNI-PKR VI @ 3991'. Pres tstd csg to 550# for 30 min, held. 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 10-24-89
 TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use) Orig. Signed by Paul Kautz Geologist
 APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

OCT 27 1989