

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.

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

2. Name of Operator

Shell Western E&P Inc.

3. Address of Operator

P.O. Box 576 Houston, TX 77001-0576

(WCK 4435)

8. Well No.

422

9. Pool name or Wildcat

HOBBS (G/SA)

4. Well Location

Unit Letter H : 2310 Feet From The NORTH Line and 330 Feet From The EAST Line

Section 24

Township 18S

Range 37E

NMPM

LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3671' DF

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: WSO, DO CIBP & AT

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

1. POH W/PROD EQMT.

2. CO TO PBTD @ 4117'.

3. SET CIRC @ 4000'.

4. SQZ SA PERFS 4048-78' W/75 SX CLS C CMT + 2% CACL2 + 1.5% HOWCO SUDS + .75% FOAM
STBLZR + 300 SCF/BBL N2 FOLLOWED BY 75 SX CLS C CMT + 2% CACL2. WOC AT LEAST
24 HRS.

5. DO CIRC @ 4000' & UNDERLYING CMT TO 4080'. PT SQZ TO 500#. DO CIBP @ 4117' &
CO TO PBTD @ +/-4265'.

6. AT SA PERFS 4130' - 4254' W/4200 GAL 15% NEFE HCL + 2250# ROCK SALT.

7. INST PROD EQMT & RTP.

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 9/18/91

TYPE OR PRINT NAME

J. H. SMITHERMAN

TELEPHONE NO. 713/870-3797

(This space for State Use)

APPROVED BY

JOHN J. SEXTON
DEPUTY SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: