

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. 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-121) FOR SUCH PROPOSALS.)

OIL WELL ☐	GAS WELL ☐	OTHER- INJECTOR
Name of Operator SHELL WESTERN E&P INC.		
Address of Operator P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)		
Location of Well UNIT LETTER <u>L</u> <u>1650</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>330</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>17</u> TOWNSHIP <u>18S</u> RANGE <u>38E</u> MAPM.		

7. Unit Agreement Name N. HOBBS (G/SA) UNIT
8. Farm or Lease Name SECTION 17
9. Well No. 131
10. Field and Pool, or Widened HOBBS (G/SA)

15. Elevation (Show whether DF, RT, CR, etc.) 3668' DF	12. County LEA
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER <u>Acid dmp; Profile Correction</u> ☒

17. 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.

6-06-84: Pmpd 1000 gals 15% HCl dwn annulus. SI 15 min. Retd to inj.

6-29 to 7-08-88: POH w/inj equip. CO to 4194'. Set CICK @ 4020'. Sqzd Grayburg perfs 4106'-88' w/150 sx CIs "C" cmt + 2% CaCl₂. DO CICK & cmt to 4160'. Pres tstd sqz to 500#, lost 250# in 15 min. Perf'd Grayburg 4022' - 4154' (2 JSPF). Acid perfs 4022' - 4158' w/1200 gals 15% HCl + 600# rock salt. Installed inj equip, setting Guiberson Uni-PKR VI @ 4005'. 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.

APPROVED <u>[Signature]</u>	A. J. FORE	TITLE SUPERVISOR REG. & PERMITTING	DATE 12-12-88
APPROVED BY <u>JOHN LARSON</u>	Orig. Signed by <u>Paul Kautz</u>	TITLE	DATE DEC 15 1988

RECEIVED

DEC 14 1988

OCD
HOBBS OFFICE

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