

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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FILE	
U.S.G.E.	
LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1-75

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-101) FOR SUCH PROPOSALS.)

CIL 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> N.M.P.M.		

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

15. Elevation (Show whether DF, RT, GR, etc.)
3668' DF

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 OPERS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER <u>Profile Correction</u> ☒	CASING TEST AND CEMENT JOB ☐	OTHER ☐

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.

1. POH w/inj equip.
2. CO to 4100'.
3. Set CICKR @ 4025'.
4. Sqz Grayburg perfs 4106' - 88' w/100 SX Cls "C" cmt + 2% CaCl₂ + 1.5% Howco suds + 0.75% HC-2 + 200 SCF N₂/bbl followed by 50 SX Cls "C" cmt + 2% CaCl₂. WOC 24 hrs.
5. DO CICKR & cmt to 4160'. Pres tst sqz to 500#.
6. Perf Grayburg 4022' - 4154' (2 JSPP).
7. Acdz perfs 4022' - 4154' w/1200 gals 15% HCl + 600# rock salt.
8. Install inj equip, setting Guiberson Uni-PKR VI @ ± 3975'. Return well to Inj.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

ISSUED A. J. FORE A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE 6-15-88
ORIGINAL SIGNATURE OF FIELD OFFICIAL
APPROVED BY _____ TITLE _____ DATE _____