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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes O12
C-102 and C-1
Effective 1-1-80

3a. 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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. Unit Agreement Name
Name of Operator		N. Hobbs (G/SA) Unit
SHELL OIL COMPANY		8. Farm or Lease Name
Address of Operator		Section 29
P. O. BOX 991, HOUSTON, TX 77001		9. Well No.
Location of Well		411
UNIT LETTER <u>A</u> <u>990</u> FEET FROM THE <u>north</u> LINE AND <u>990</u> FEET FROM		10. Field and Pool (or Wildcat)
THE <u>east</u> LINE, SECTION <u>29</u> TOWNSHIP <u>18S</u> RANGE <u>38E</u> N.M.P.M.		<u>Hobbs G. SA</u>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3647' GR		Lea

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 OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER <u>Convert SA zone II & IIIU to</u> ☒	
		<u>water injection</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.

- 9-13-80: Squeezed perfs 4057-4127' w/50 sx Class C cmt.
- 9-25-80: Squeezed perfs 4154-4158' w/50 sx cmt.
- 10-3-80: Ran GR/CNL from TD 4323 to 2322'. Perf'd 4200-4214'.
- 10-4-80: Acidized perfs 4200-4214' + open hole 4250-4335' w/3000 gals 15% HCL NEA.
- 10-8-80: Installed surface equipment ~~and returned well to production.~~

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

SIGNED A. J. FORE TITLE SUPERVISOR - REG./PERM. DATE OCT 23 1980

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: