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

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-07480

5. Indicate Type of Lease FED [ ] STATE [X] 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.)

7. Lease Name or Unit Agreement Name
North Hobbs (G/SA) Unit
Section 30

1. Type of Well: Oil Well [X] Gas Well [ ] Other

2. Name of Operator
SHELL WESTERN E&P INC.

8. Well No. 241

3. Address of Operator
P. O. BOX 576, HOUSTON, TX 77001

9. Pool name or Wildcat
Hobbs (G/SA)

4. Well Location
Unit Letter N : 440 Feet From The South Line and 2310 Feet From The West Line
Section 30 Township 18 South Range 38 East NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT GR, etc.*)
3669' DF

11. 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 & ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: Pulg Back, OAP. & Acid Treat [X]		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. Pull out of hole w/production equipment.
2. Tag PBTD @4087'.
3. Set CIBP @4040 w/ 30' cement cap. Load & test csg. Spot 5 bbl 20 % HCl.
4. Perforate 1 JSPF @ 3930-3990 (Grayburg and San Andres 1a)
5. Set Pkr @ 3820 & treat w/ 2940g 20% HCl w/NEA & surfactant, using 90 RCNBS.
6. Lay down treating equipment & run production equipment.
7. Return well to production and report tests.

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

SIGNATURE C. L. Mann TITLE PRODUCTION FOREMAN DATE 03/16/95

TYPE OR PRINT NAME C. L. MANN TELEPHONE NO. 505/393-0209

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE _____ DATE MAR 21 1995

CONDITIONS OF APPROVAL IF ANY: