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. 30-025-07503

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.)

7. Lease Name or Unit Agreement Name
N. HOBBS (G/SA) UNIT SECTION 31

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

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

8. Well No.
211

3. Address of Operator
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)

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

4. Well Location
Unit Letter C : 440 Feet From The NORTH Line and 2310 Feet From The WEST Line

Section 31 Township 18S Range 38E NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3651' 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 AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: Cmt sqz, OAP & Acdz ☒		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 equip.
2. CO to 4208'.
3. Set CIBP @ 4157'.
4. Brk dwn sqzd perfs 4073' - 4154' w/15% HCl using straddle pkr.
5. Set cmt ret @ ±4030'. Estab inj rt.
6. Sqz perfs 4073' - 4154' w/150 sx Cls "C" cmt + 200 SCF N_2/bbl + 2% $CaCl_2$ + 1.5% Howco suds + 0.75% HC-2 followed by 75 sx Cls "C" cmt + 2% $CaCl_2$. Cap CICR w/5' cmt. WOC 24 hrs.
7. DO CICR & cmt to CIBP @ 4157'. Pres tst sqzd perfs to 500#.
8. DO CIBP @ 4157' & push to PBTD.
9. Set CIBP @ 4203'.
10. Acdz perfs 4172'-96' w/2000 gals 15% NEFE HCl + 350# rock salt.

(CONT'D ON REVERSE SIDE)

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 10-4-89

TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT - 9 1989

CONDITIONS OF APPROVAL, IF ANY: