

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. <u>30-025-12497</u>
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SECTION 28
8. Well No. 131
9. Pool name or Wildcat HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3639' GR

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.)

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

2. Name of Operator
Shell Western E&P Inc.

3. Address of Operator
P.O. Box 576 Houston, TX 77001-0576 (WCK 4435)

4. Well Location
Unit Letter L : 2310 Feet From The SOUTH Line and 330 Feet From The WEST Line

Section 28 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3639' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: WSO, REPERF & ACDZ ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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 TD (4263').
3. SET RBP @ 4000'. PT CSG/RBP TO 500#.
4. RIH & RESET RBP @ +/-4160'.
5. SET PKR @ +/-4110'. PT SQZD SA PERFS 4124'-51' TO 500# FOR 15 MIN. POH W/RBP & PKR.
6. SET CIBP @ +/-4100' & C:CR @ +/-4000'. ESTAB INJ RT.
7. SQZ SA PERFS 4048'-70' W/50 SX CLS C CMT + 2% CACL2. CAP C:CR W/10' CMT.
8. WOC AT LEAST 24 HRS.
9. DO C:CR & CMT TO 4080'. PT SQZ TO 500# FOR 15 MIN.
10. PERF SA 4032'-52' (2 JSPF).
11. SET RBP @ 4057'.
12. ACDZ PERFS 4032'-52' W/1500 GALS 15% NEFE HCL.
13. REL RBP & POH.
14. DO CIBP @ 4100' & PUSH TO TD.
15. INST PROD EQUIP & RET TO PROD.

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 1/10/91
TYPE OR PRINT NAME J. H. SMITHERMAN TELEPHONE NO. 870-3797

(This space for State Use)

ORIGINAL FILED IN 100-100000-100000

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 15 1991