Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-26832

5. Indicate Type of Lease 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: N. HOBBS (G/SA) UNIT SECTION 24

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER INJECTOR

8. Well No. 242

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

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

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

4. Well Location
Unit Letter N : 1300 Feet From The SOUTH Line and 2600 Feet From The WEST Line

Section 24 Township 18S Range 37E NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*) 3667' GR

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: SET CIBP, OAP & ACDZ [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. Pres tst tbg/csg annulus to 300#.
2. POH w/inj equip.
3. CO to 4348' (PBTD).
4. Set CIBP @ 4310' & cap w/2 sx Cls "C" cmt.
5. Perf SA 4204'-58' (2 JSPF).
6. Acdz perfs 4204'-80' w/3600 gals 15% NEFE HCl + 1000# rock salt.
7. Installed inj equip, setting Guib Uni-Pkr @ ±4130'.
8. Pres tst csg to 300# for 30 min. Ret well to inj.

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

SIGNATURE [signature] TITLE SR. STAFF PRODUCTION ENGR. DATE 8-28-89

TYPE OR PRINT NAME W. F. (M.) KELLDORF TELEPHONE NO. (713) 870-3797

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

APPROVED BY _____ TITLE _____ DATE AUG 3 1 198

CONDITIONS OF APPROVAL, IF ANY: