OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. 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.)

1.
OIL WELL ☐   GAS WELL ☐   OTHER- INJECTOR

2. Name of Operator
SHELL OIL COMPANY

3. Address of Operator
P. O. BOX 991, HOUSTON, TX 77001

4. Location of Well
UNIT LETTER N . 1300 FEET FROM THE SOUTH LINE AND 2600 FEET FROM
THE WEST LINE. SECTION 24 TOWNSHIP 18-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3667.0' GL

7. Unit Agreement Name
N. HOBBS (G/SA) UNIT

8. Farm or Lease Name
SECTION 24

9. Well No.
242

10. Field and Pool, or Wildcat
HOBBS (G/SA)

12. County
LEA

16.
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 ☐   COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐   CHANGE PLANS ☐   CASING TEST AND CEMENT JOB ☐

OTHER COMPLETE AS AN SA II, IIIu INJECTOR ☒   OTHER ☐
PMX - 109

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.

1. Pull RBP @4250'.
2. Reperforate Zone II 4209' - 4270' and Zone IIIu 4277' - 4280' (32' - 46 holes).
3. CO to 4420' (PBTD). Test pkrs in blank pipe. Set pkrs and acidize w/5000 gals 15% HCl - NEA acid.
4. Set pkr @ ± 4120'. Take injectivity test and complete.

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

SIGNED _A. J. Fore_   A. J. FORE   TITLE SUPERVISOR REG./PERMITTING   DATE SEPTEMBER 3, 198

SEP 3 198

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY: