

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO.
30-025-26834

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.)

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

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

3. Address of Operator
P.O. Box 576 Houston, TX 77001-0576

7. Lease Name or Unit Agreement Name
N. HOBBS (G/SA) UNIT
SECTION 33

8. Well No.
232

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

4. Well Location
Unit Letter K : 1595 Feet From The SOUTH Line and 1370 Feet From The WEST Line
Section 33 Township 18S Range 38E NMPM LEA County

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

3636.19' 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: TEST & REPAIR CSG ☒

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/INJ EQUIP.
2. CO TO PBTD (4395').
3. RIH W/PKR & RBP. PREP TO TST CSG TO 500# FOR 15 MIN OVER THE FOLLOWING 5 RECOMMENDED INTERVALS:
 - A. RBP @ 4040', PKR @ 3935'.
 - B. RBP @ 3940', PKR @ 3695'.
 - C. RBP @ 3700', PKR @ 3595'.
 - D. RBP @ 3500' WITH PKR UNSET, TST TO SURF.
4. POH W/RBP & PKR. DEPTHS & VOLUMES OF REMAINING PROCEDURES WILL BE CONTINGENT UPON STEP 3 RESULTS. TENTATIVE REPAIR PROCEDURES:
 - A. SET CIBP @ ____ SPOT ____ GALS 15% NEFE HCL.
 - B. PERF ONE 4-WAY SHOT @ ____
 - C. RIH W/PKR & SET @ ____ ESTAB INJ RT & ATTEMPT TO GET RETURNS TO SURF. POH W/PKR.

(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 2/28/91

TYPE OR PRINT NAME J. H. SMITHERMAN

TELEPHONE NO. 713/870-3797

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 05 1991

- d. Set CICR @ _____.
 - e. Pmp _____ sx CIs C cmt (w/ 2% CaCl₂) & continue by displacing w/approx _____
bbbs FW or until cmt is circ'd to surf.
 - f. WOC overnite. DO cmt & PT.
5. Install inj equip, setting Guib Uni-VI Pkr @ 4040'±.
6. PT tbg/csg ann to 300# for 30 min. Return to inj.

11/12/71
11/12/71
11/12/71