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State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-26834 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE X P.O. Drawer DD, Artesia, NM 88210 STATE 6. State Oil & Gas Lease No. DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) N. HOBBS (G/SA) UNIT 1. Type of Well: SECTION 33 INJECTOR WELL [8. Well No. 2. Name of Operator 232 SHELL WESTERN E&P INC. 9. Pool name or Wildcat 3. Address of Operator HOBBS (G/SA) (WCK 4435) 77001 P. O. BOX 576, HOUSTON, TX Well Location 1370 Feet From The Line SOUTH 1595 Feet From The I mit Letter . LEA County 38E 185 Range Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3636.19' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING CO, PRES TSTD & ACD OTHER: 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. 5-15 to 5-18-89: POH w/inj equip. CO to 4395' (PBTD). Set RBP @ 3980' & pkr @ 3902'. Pres tstd csg to 500#, bled to 400# in 30 min. Pres tstd annulus to 500#, bled to 470# in 30 min. Rel RBP & reset @ 3950'. Reset pkr @ 3940'. Pres tstd csg to 800#, held OK 30 min. Pres tstd annulus to 640#, bled to 610# in 30 min. Recd NMOCD approval of pres charts. POH w/RBP. Acd San Andres perfs 4130' - 4248' w/4500 gals 15% NEFE HC1 + 800# rock salt. Installed inj equip, setting Guib Uni-Pkr VI @ 3951'. Pres tstd csg to 500# for 30 min, held OK. Retd to inj. I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 6-20-89 REGULATORY SUPV. <u>(713) 870-3797</u> TELEPHONE NO. TYPE OR PRINT NAME

(This space for State ON GINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

JUN 2 3 1989

CONDITIONS OF APPROVAL, IF ANY: