

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.	30-025-26935
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 30	
8. Well No.	232
9. Pool name or Wildcat	HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3650.77' 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 INJECTOR	2. Name of Operator SHELL WESTERN E&P INC.
3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	4. Well Location Unit Letter K : 1400 Feet From The SOUTH Line and 1370 Feet From The WEST Line Section 30 Township 18S Range 38E NMFM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3650.77' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: OAP & Acd ☒

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.

9-14 to 9-22-89:

POH w/inj equip. CO to 4336' (tagged btm). Perf'd SA 4138' - 4234' (2 JSPP). Set RBP @ 4270'. Acd perfs 4206'-66 w/3000 gals 15% NEFE HCl + 800# rock salt (Perfs 4138'-58' not trtd.) Rel RBP & POH. Installed inj equip, setting Guib UNI-FKR VI @ 4050'. Pres tsd csg to 500# for 30 min, held. Retd to inj.

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 10-24-89
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kritz

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 27 1989

RECEIVED
OCT 26 1989
OCD
HOBBS OFFICE