

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.	30-025-27059
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.	422
9. Pool name or Wildcat	HOBBS (G/SA)

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 <u>H</u> : <u>1520</u> Feet From The <u>NORTH</u> Line and <u>1300</u> Feet From The <u>EAST</u> Line Section <u>30</u> Township <u>18S</u> Range <u>38E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3651.09' GR</u>	

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: ☐		OTHER: <u>Perf'd & Acid</u> ☒	

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.

B-24 to B-28-89:

POH w/inj equip. CO to 4290'. Perf'd SA 4144'-66' (2 JSPP). Acid perfs 4146' - 4265' w/3500 gals 15% NEFE HCl. Installed inj equip, setting Guib Uni-PKv VI @ 4023'. Attemptd to pres tst csg to 300#, failed. Chng out csg valve. Retstd csg to 500#, held for 45 min. 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 10-4-89
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY J. H. SMITHERMAN
DISTRICT I SUPERVISOR

OCT 4 1989

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: