Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-27198

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.)

7. Lease Name or Unit Agreement Name: N. HOBBS (G/SA) UNIT SECTION 18

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

8. Well No. 242

2. Name of Operator: SHELL WESTERN E&P INC.

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

3. Address of Operator: P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)

4. Well Location
Unit Letter N : 1200 Feet From The SOUTH Line and 2600 Feet From The WEST Line

Section 18 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3665.39' GR

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: Inj Profile Correction ☒		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 4469' (PBTD).
3. Set CIBP @ 4314' and cap w/5' cmt.
4. Acdz SA perfs 4222' - 4302' w/3000 gals 15% HCl + 1000# rock salt.
5. Set CIBP @ 4168' & cap w/5' cmt.
6. Set CICR @ 4134'. Estab inj rt.
7. Sqz SA perfs 4150'-58' w/100 SX Cls "C" cmt + 2% $CaCl_2$ + 1.5% Howco Suds + 0.75% HC-2 + 200 SCF N_2/bbl followed by 50 sx Cls "C" cmt + 2% $CaCl_2$. WOC 24 hrs.
8. DO CICR & cmt to CIBP @ 4168'. Pres tst sqzd perfs to 500#.
9. DO CIBP & CO to ±4309'.
10. Install inj equip, setting Guib Uni-PKr VI @ 4069'. Pres tst csg to 300# for 30 min. Ret 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 JERRY SEXTON DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 9 1989

CONDITIONS OF APPROVAL, IF ANY: