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. 30-025-28885

5. Indicate Type of Lease STATE [X] 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 29

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER INJECTOR

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

8. Well No. 442

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

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

4. Well Location
Unit Letter P : 1230 Feet From The SOUTH Line and 220 Feet From The EAST Line

Section 29 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3645.7' 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: SET CSG PATCH & ACDZ	[X]			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. PT tbg/csg ann to 300#.
2. POH w/inj equip.
3. CO to 4237' (PBTD).
4. RIH w/API drift gauge for 7" 20# csg to 4100'. POH.
5. RIH w/60' of 6" OD wash pipe to 4100'. POH.
6. RIH w/20' csg patch assy for 7" csg. Set csg patch from 4023' - 4043', confirming depth w/GR/CCL.
7. Install inj equip, setting Guib Uni-VI Pkr @ 3965'.
8. Acdz SA perfs 4065' - 4210' w/4500 gals 15% NEFE HCl + 600# rock salt.
9. PT tbg/csg ann to 300# for 30 min.
10. Ret well 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 4-25-90

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

(This space for State Use)
ORIGINAL SIGNED BY MIKE WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 30 1990

CONDITIONS OF APPROVAL, IF ANY: