

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. <u>126 17318</u>
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FFF <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 19
8. Well No. <u>119W-112</u>
9. Pool name or Wildcat Hobbs (G/SA)
10. Elevation (Show whether DF, RKB, RTGR, etc.) 3671' DF

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

4. Well Location
Unit Letter D : 990 Feet From The North Line and 990 Feet From The West Line
Section 19 30 Township 18 South Range 38 East NMPM LEA County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Open Additional Pay & Acid treat</u> <input checked="" type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

- Pull out of hole w/production equipment.
- Tag PBTID @4270'.
- Set RBP @4125 Load & test csg. Spot 6 bbl 15 % HCl.
- Perforate 1 JSPF @ 4042-50, 58-64, 68-72, 86-4106 (San Andres 1b)
- Set Pkr @ 3950 & treat SA1b w/ 3000g 15% HCl , using 45 RCNBS.
- Lay dwn RBP. Set Pkr @4116. Treat SAII-IIIu & O H w/1500g 15%HCl & 800# Rock Salt in three stages.
- Lay down treating equipment & run injection equipment. Load annulus w/ inhibited water and record a pressure chart for the NMOCD.
- Return well to injection and report rates and pressures.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE C. L. Mann TITLE PRODUCTION FOREMAN DATE 04/04/95
TYPE OR PRINT NAME C. L. MANN TELEPHONE NO. 505/393-0209

(This space for State Use) ORIGINAL SIGNED BY
APPROVED BY GARY WINK TITLE FIELD REP. II DATE APR 05 1995
CONDITIONS OF APPROVAL IF ANY:

mjp