

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form O-183
Revised 10-1-75

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO SEEPER OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM O-181) FOR SUCH PROPOSALS.

OIL WELL GAS WELL OTHER
NAME OF OPERATOR: SHELL WESTERN E&P INC.
ADDRESS OF OPERATOR: P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)
LOCATION OF WELL: UNIT LETTER E, 1370 FEET FROM THE NORTH LINE AND 330 FEET FROM THE WEST LINE, SECTION 32, TOWNSHIP 18-S, RANGE 38-E, N.M.P.M.

7. Unit Agreement Name: N. HOBBS (G/SA) UNIT
8. Field or Lease Name: SECTION 32
9. Well No.: 112
10. Field and Pool, or Whose: HOBBS (G/SA)
12. County: LEA

15. Elevation (Show whether DF, RT, GR, etc.): 3642' DF

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> CTI
		ORDER NO. PMX-151	

7. 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.

- 12-28-87: POH w/prod equip. CO to 4226'.
- 12-30-87: Perf'd San Andres 4126' - 4214' (2 JSPF).
- 12-31-87: Acd perfs 4096' - 4214' w/714 gals 15% HCl-NEA.
- 1-02-88: Installed inj equip, setting Guiberson Uni-Pkr VI @ 4016'. Pres tstd csg to 500# for 15 min, held OK.
- 2-02-88: Commenced inj.

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

APPROVED BY: A. J. FORE TITLE: SUPERVISOR REG. & PERMITTING DATE: 2-19-88
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
APPROVED BY: _____ TITLE: _____ DATE: _____