

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.
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 23
8. Well No. 412
9. Pool name or Wildcat HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3682' 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	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>A</u> : <u>990</u> Feet From The <u>NORTH</u> Line and <u>760</u> Feet From The <u>EAST</u> Line Section <u>23</u> Township <u>18S</u> Range <u>37E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3682' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: <u>Install 4" lnr, perf & acidz</u> ☒	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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. DO cmt ret @ 3947'. CO to PBTD (4125').
2. Run TDT-P log from 4125' to 3900'.
3. Run #136 jts 4" 11.6# J-55 lnr from surf to 4120'.
4. Cmt lnr w/115 sx lite cmt + 12% salt + 1/4#/sk flocele followed by 62 sx Cls "C" cmt + 5#/sk CaCl₂. (cmt is to circ to surf.) WOC 24 hrs.
5. Pres tst csg to 1000#.
6. Run CBL from PBTD to surf.
7. Spot 250 gals 15% HCl at btm of well.
8. Perf Grayburg/SA @ depths based on log eval (2 JSPPF).
9. Acidz perfs w/treatment sch determined after log eval.
10. Install prod equip & ret to prod.

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

SIGNATURE [Signature] TITLE SR. STAFF PRODUCTION ENGR. DATE 11-30-89
TYPE OR PRINT NAME W. F. N. KELLDORF (713) 870-3797 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 04 1989