

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1-75

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

<p>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.)</p>		
<p>CIL <input checked="" type="checkbox"/> CAS <input type="checkbox"/> OTHER <input type="checkbox"/></p>		7. Unit Agreement Name
Name of Operator		N. HOBBS (G/SA) UNIT
Address of Operator		8. Form or Lease Name
SHELL WESTERN E&P INC.		SECTION 23
P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)		9. Well No.
Location of Well		412
UNIT LETTER <u>A</u> <u>990</u> FEET FROM THE <u>NORTH</u> LINE AND <u>760</u> FEET FROM		10. Field and Pool, or Whichever
THE <u>EAST</u> LINE, SECTION <u>23</u> TOWNSHIP <u>18S</u> RANGE <u>37E</u> N.M.P.M.		HOBBS (G/SA)
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3682' DF		LEA

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 PLANE <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> LOG, PB & ACDZ	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

1. POH w/prod equip.
2. CO to 4204' (TD).
3. Run GR/CAL/SNP across Grayburg/San Andres OH 3990' - 4204'.
4. PB w/sd & hydromite to depth determined from log.
5. Acdz OH w/2100 gals 15% HCl-NEA + 1000# rock salt.
6. Install prod equip & return well to prod.

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

SIGNED A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE 3-24-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 28 1988

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

TO: OIL CONSERVATION DIVISION	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Shell Western E&P, Inc.

Address
200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner
Shell Oil Company, P.O. Box 991, Houston, Texas 77001

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
N. Hobbs G/SA Unit Sec 23	412	Hobbs (G-SA)	State, Federal or Fee State	
Location				
Unit Letter	A	: 990 Feet From The North Line and 760 Feet From The East		
Line of Section	23	T. 18S	Range 37E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil, Gas or Condensate	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corporation	P.O. Box 1910, Midland, Texas 79702
ARCO Pipeline Company	ARCO Building, Independence, Kansas 67301
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips Pipeline Company GPM Gas Corporation	4001 Penbrook St, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge.
No Change	
Is gas actually connected?	When
Yes	NA

If this production is commingled with that from any other lease or pool, give commingling order number

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

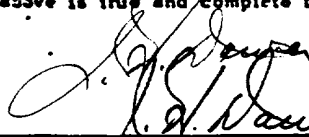
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


J. A. Dawson
(Signature)

Attorney-in-Fact

December 1, 1983 Effective January 1, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 18 1984, 12

BY ORIGINAL SIGNED BY EDDIE SEAY

TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED
JAN 17 1984
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HOLDS OFFICE