DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

OIL CONSERVATION DIVISION

PO Box 2088

1.0. Box 2000			
Santa Fe, New Mexico	87504-2088		

WELL API NO. 30-025-07341	
5. Indicate Type of Lease	X

indicate Type or	TC39C		∇
-	STATE	FEE	

6. State Oil & Gas Lease No.

1000 Rio Brazos Rd., Aziec, NM 87410			
SUNDRY NOTICES AND REPORTS ON WELLS			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT		
1. Type of Well: OIL OTHER WELL X WELL OTHER	SECTION 18		
2. Name of Operator	8. Well No. 231		
SHELL WESTERN E & P INC. (4431 WCK)	9. Pool name or Wildcat		
3. Address of Operator	HOBBS (G/SA)		
P.O. BOX 576, Houston, TX 77001-0576	<u></u>		
4. Well Location Unit Letter K: 1980 Feet From The South Line and 19	01 Feet From The West Line		
Omit Letter	NMPM LEA County		
Section 18 Township 18-5 Range 38-E	NMPM LEA County		
10. Elevation (Show whether Dr., RKB, R1, GR, etc.)	<i>\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
Check Appropriate Box to Indicate Nature of Notice, R	Perort, or Other Data		
	BSEQUENT REPORT OF:		
NOTICE OF INTENTION TO:			
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			
PULL ON ALTER OADING			
OTHER: UAP & AT			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incl	luding estimated date of starting any proposed		
work) SEE RULE 1103.			
1) POOH w/ prod equip.			
2) Spot 84 gals 15% HCl acid from 4135' up, using CIBP @	4135'.		
3) Per San Andres 4062' - 4103' w/ 2JSPF.			
4) AT Grayburg/San Andres 3970' - 4103' w/ 4000 gals 15% HCl acid + 1200# rock salt,			
using pkr @ 3950'.			
5) RIH w/ prod equip and return well to production.			

I hereby certify that the information above is true and complete to the best of my knowledge and belief. Prod. Administration Advisor APR 2 0 1989 SIGNATURE . TELEPHONE NO.

TYPE OR PRINT NAME

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 24 1986

OCO NGABRINE