

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-97302
5. Indicate Type of Lease STATE [ ] FEE [X]
6. State Oil & Gas Lease No.

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 [X] GAS WELL [ ] OTHER [ ]

7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SECTION 19

2. Name of Operator SHELL WESTERN E&P INC.

8. Well No. 231

3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)

9. Pool name or Wildcat HOBBS (G/SA)

4. Well Location Unit Letter K : 2310 Feet From The SOUTH Line and 2310 Feet From The WEST Line Section 19 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3663' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data. NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [ ], PLUG AND ABANDON [ ], TEMPORARILY ABANDON [ ], CHANGE PLANS [ ], PULL OR ALTER CASING [ ], OTHER [ ]. SUBSEQUENT REPORT OF: REMEDIAL WORK [ ], ALTERING CASING [ ], COMMENCE DRILLING OPNS. [ ], PLUG AND ABANDONMENT [ ], CASING TEST AND CEMENT JOB [ ], OTHER: OAP & Acc [X]

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. 10-25 to 10-31-89: POH w/prod equip. CD to 4247' (TD). Acc SA perf's 4130' - 4235' w/3000 gals 15% NEFE HCl + 800# rock salt. RIH w/CIBP. Could not loc flush jt collars in 5-1/2" lnr. Ran GR/CCL log from 4200' to 3850'. Set CIBP @ 4097'. Perf'd SA 4084'-91' (2 JSFF). Acc perf's 4084'-91' w/500 gals 15% NEFE HCl. KO CIBP @ 4097' & pushed to btm. Installed prod equip & ret'd to prod.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE [Signature] TITLE REGULATORY SUPV. DATE 11-17-89 TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR APPROVED BY [Signature] TITLE [Signature] DATE [Signature] CONDITIONS OF APPROVAL, IF ANY:

NOV 21 1989

REC-110  
NOV 20 1989  
OCD  
HOBBS OFFICE