

Form 1000-1
(November 1984)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

Submit in triplicate.
(Order instructions on reverse side.)

5. LEASE DESIGNATION AND SERIAL
LC 032233 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
N. HOBBS (G/SA) UNIT

8. FARM OR LEASE NAME
SECTION 29

9. WELL NO.
131

10. FIELD AND POOL, OF WILDCAT
HOBBS (G/SA)

11. SEC., T., R., M., OR BLY. AND SURVEY OR AREA
SEC. 29, T-18-S, R-38-E

12. COUNTY OR PARISH, 13. STATE
LEA NM

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" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
SHELL WESTERN E&P INC.

3. ADDRESS OF OPERATOR
P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface UNIT LTR L, 2310' FSL, 990' FWL

14. PERMIT NO.
N/A

15. ELEVATIONS (Show whether OF, TO, OR, ETC.)
3649' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other)	☐	UNITIZATION	☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

FILED TO VERIFY THAT SHELL WESTERN E&P INC., AS UNIT OPERATOR, OBTAINED APPROVAL FOR STATUTORY UNITIZATION OF THE NORTH HOBBS GRAYBURG-SAN ANDRES UNIT AREA IN THE HOBBS GRAYBURG-SAN ANDRES POOL AND THIS WELL IS LOCATED WITHIN THE CONFINES OF THE SAME BY EVIDENCE OF THE ATTACHED ORDER (#R-6198).

FORMER OPERATOR: EXXON CORP.
FORMER WELL NAME: BOWERS A FEDERAL #10

18. I hereby certify that the foregoing is true and correct

SIGNED A. J. FORE A. J. FORE TITLE SUPERVISOR REG. & PERMITS DATE AUGUST 16, 1985

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL OF APT:

AUG 21 1985

*See Instructions on Reverse Side