State of New Mexico

_ DATE ---

Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-89	
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			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:			7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SECTION 30	
OIL X GAS WELL	OTHER			
Name of Operator			8. Well No.	
Shell Western E&P Inc.			9. Pool name or Wildcat	
3. Address of Operator P.O. Box 576 Houston, TX 77001-0576			HOBBS (G/SA)	
4. Well Location			1	
Unit Letter F : 23	310 Feet From The NORTH	Line and	2310 Feet From Th	e WEST Line
Section 30	Township 18S Ran	ige 38E	NMPM LEA	County
Section 30	100 Elevation (Show whether L		THE PERSON NAMED IN COLUMN 1	
<i>\{\{\{\}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	////// 3659' GR			
11. Check	Appropriate Box to Indicate N	Nature of Notice, F	Report, or Other D	ata
NOTICE OF IN	ITENTION TO:	SU	BSEQUENT REI	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. 🔲 PL	LUG AND ABANDONMENT
PULL OR ALTER CASING	CASING CASING TEST AND C			
OTHER:		OTHER:	OAP & ACD	<u>x</u>
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.				
8-31 TO 9-07-90:				
POH W/PROD EQUIP. TO TO 4284' (BTM). PERF'D SA 4072-80' (2 JSPF). ATTMPTD TO RUN IN LNR W/PKR ASSY, FAILED. POH. MLD ON TOL @ 3799'. ACD PERFS 4072' - 4196' W/900 GALS 15% NEFE HCL. ACD SA OH 4207-84' W/4500 GALS 15% NEFE HCL + 1000# ROCK SALT. INST PROD EQUIP & RETD TO PROD.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
MAAn; H	/	REGULATORY S	SUPV.	DATE 4/30/91
SIGNATURE -	TI TI	IR THE PROPERTY OF		DAIB
TYPE OR PRINT NAME J. H. SMITH	HERMAN			TELEPHONE NO. 713/870-3797

______ TITLE --

CONDITIONS OF AFFROVAL, IF ANY:

(This space for State Use)

APPROVED BY ---