

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

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

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

OIL CONSERVATION DIVISION

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

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

N. HOBBS (G/SA) UNIT
SECTION 30

8. Well No.

411

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

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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

SHELL WESTERN E & P INC. (4431 WCK)

3. Address of Operator

P.O. BOX 576, Houston, TX 77001-0576

4. Well Location

Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line

Section 30

Township 18-S

Range 38-E

NMPM

LEA

County

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

3659' 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: OAP & AT ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

1) POOH w/ prod equip.

2) CO to 4170'.

3) Set CIBP @ 4150' and pres test to 500 psi.

4) Spot 100 gals 15% HCl acid from 4130' up.

5) Perf San Andres 4056' - 4124' w/ 2JSPF.

6) AT San Andres 4056' - 4124' w/ 2000 gals 15% HCl acid + 750# rock salt,
using pkr set @ 4030'.

7) 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.

SIGNATURE

J.H. Smitherman

J.H. Smitherman

TITLE

Prod. Administration Advisor

DATE

APR 20 1989

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 25 1989

RECEIVED

APR 24 1986

OCD
HOBBS OFFICE