

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Shell Western E&P Inc.

3. Address of Operator
P.O. Box 576 Houston, TX 77001-0576 (WCK 4435)

4. Well Location

7. Lease Name or Unit Agreement Name
N. HOBBS (G/SA) UNIT
SECTION 32

8. Well No.
411

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

Unit Letter A : 330 Feet From The NORTH Line and 330 Feet From The EAST Line

Section 32 Township 18S Range 38E NMPM LEA County

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

3658' 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: RUN LNR, PERF & 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. POH W/PROD EQUIP.
2. CO TO TD (4272').
3. SET PKR @ 3900'. PT ANN TO 500#. IF ANN HOLDS, POH W/PKR. IF ANN WILL NOT HOLD, POH W/PKR, SETTING @ VARIOUS DEPTHS TO LOCATE THE TOP OF ANY LK. POH W/PKR. IF CSG LKS ARE FOUND, CMT SQZ WILL BE PERFORMED.
4. RUN CNL/GR LOG FROM TD TO SURF.
5. RUN 17 JTS 5-1/2 IN. 15.5# J-55 LNR. LAND LNR @ 4270'. SET LNR HANGER @ 3740'(+/-).
6. CMT LNR W/60 SX CLS C NEAT. WOC OVERNITE.
7. PT CSG & TOL TO 500#.
8. RUN CBL/CCL/GR FROM PBTD TO TOL.
9. SPOT 400 GALS 15% HCL @ PBTD.
10. PERF SA W/2 JSPF @ DEPTHS DETERMINED FROM LOG EVAL.
11. AT W/TREATMENT SCH BASED ON PERF SELECTION.
12. INST PROD EQUIP & RET WELL TO PROD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. H. Smitherman TITLE REGULATORY SUPV. DATE 11/14/90
TYPE OR PRINT NAME J. H. SMITHERMAN TELEPHONE NO. (713) 870-3797

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

NOV 19 1990

APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: