## INCLINATION REPORT

COPERATOR			1, HOUSTON, TX 770	
LEASE NA		WELL NO. 442 FIELD	D HOBBS (G/SA)	
DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED	
7 0 7 1 2 9	1/4 1/2 3/4 1 3/4 1 1 1/4 1 1/2	2.1560 4.3500 6.2487 2.3275 6.3797 8.6450 11.5758 13.8074 15.0675	2.1560 6.5060 12.7547 15.0822 21.4619 30.1069 41.6827 55.4901 70.5576	
	certify that the above data as souledge and belief.	et forth is true and o	correct to the best	
		CACTUS DR	CACTUS DRILLING COMPANY	
app <b>y</b> davi		TITLE OFFICE MANAGER		
Be <b>fore</b> m	e, the undersigned authority, app		E LEAKE	
depositi of the w	on, under oath states that he is all identified above, and that to not intentionally deviated from	acting for and in beha the best of his know!	alf of the operator ledge and belief such tsoever.	
Sworn an	OFELIAL SEAL SIGNATURE GARLIN R. TAYLOR	this the 17 day	of JULY, 19	
	NOTARY BOND FILED WITH SECRETARY OF STATE	Notary Public	in and for the County	

of Lea, State of New Mexico

Form 9-331 Dec. 1973	i orm Approved. Budget Bureau No. 42-R1424	
UNITED STATES	5. LEASE	
DEPARTMENT OF THE INTERIOR	LC 032233_(a)	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME	
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)	N. HOBBS (G/SA) UNIT	
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME	
1. oil gas other INJECTOR	SECTION 30	
well well other INJECTOR  2. NAME OF OPERATOR	9. WELL NO.	
SHELL OIL COMPANY	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR	HOBBS (G/SA)	
P. O. BOX 991, HOUSTON, TX 77001	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	SEC. 30, T18S, R38E	
below.) AT SURFACE: 1300'FSL & 1050' FEL, Sec. 30, T18S		
AT TOP PROD. INTERVAL: SAME R38E	LEA NM	
AT TOTAL DEPTH: SAME	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		
REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3645.85' GR	
TEST WATER SHUT-OFF		
FRACTURE TREAT	RELUEIVE	
SHOOT OR ACIDIZE U U CARRENAR WELL		
PULL OR ALTER CASING []	(NOTE: Report results of multiple completion or zone charge on Form 95330)	
MULTIPLE COMPLETE	J. S. GEOLOGICAL SCIP.	
ABANDON*	TORRESPONDENT	
(other) COMPLETE AS AN SA II, IIIu X (subsequent re	port)	
WATER_INJECTOR.  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is demeasured and true vertical depths for all markers and zones pertinent.)	directionally drilled, give subsurface locations and	
5-6-81: Ran in hole w/bit and scraper and CO Came up to 4254' and spotted 250 galacid. Perf'd 4110-4252' (94 holes).		
5-7-81: Acidized perf's 4110' - 4252' w/6100	gals 15% HCl-NEA acid.	
5-8-81: Set pkr @4030'. Well complete.	-	
•		
	Sat @ Fi	
Subsurface Safety Valve: Manu. and Type	set w	
18. I hereby certify that the foregoing is true and correct		
SIGNED A. J. FORETITLE SUPERVISOR RE	G./_ DATE MAY 19, 1981	
ACCEPTED FOR RECORD is space for Federal or State of	ERM. fice use)	
ROGER A. CHAPMAN		
COMBINIONS OF THE MOTHER IN THE I	DATE	
MAY 26 1981		
1		
U.S. GEOLOGICAL SURVEX e Instructions on Reverse ROSWELL, NEW MEXICO	Side	
T. MILARCO		

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

## Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR LC 032233(a) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** SUNDRY NOTICES AND REPORTS ON WELLS 7. UNIT AGREEMENT NAME (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.) N.Hobbs (G/SA) Unit 8. FARM OR LEASE NAME gas well Section 30 well other 9. WELL NO. Injector 2. NAME OF OPERATOR Shell 011 Company 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Hobbs (G/SA) 11. SEC., T., R., M., OR BLK. AND SURVEY OR P.O. Box 991, Houston, TX 77001 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AREA below.) Sec.30, T18S, R38E AT SURFACE: 1300' FSL & 1050' FEL, Sec. 30, T185, 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: R38E AT TOTAL DEPTH: Same NM 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 14. API NO. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3645.85' GR REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other) Csg. & Cmt. 17. DESCRIBE PROPOSED 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.)\* Ran 108 jts new 5 1/2" csg (14# K55). Shoe 04510', FC 04465'. Cmt'd 11-21-80: 1st stage w/250 sx Class C + 18% salt. Circ for 4 1/2 hrs for 2nd stage. Cmt'd 2nd stage w/650 sx Howco Lite w/5# salt + 1/4#/sx flocele. Tailed in w/175 sx Class C w/5# salt. Bumped plug w/2000 psi + circ'd 160 sx cmt. Completion rig will drill DV tool + pressure test csg 0 TO. ACCEPTED FOR MEDICAL Unit \$1000 TOWN TOWARD Subsurface Safety Valve: Manu. and Type \_ \$et @ \_ 18. I hereby certify that the foregoing is true and correct DEC 4 1980 SIGNED A.J. Fore TITLE Supervisor-Reg. & DATE

\_ TITLE \_

(This space for Federal or State office use)

DATE.