Submit 3 Copies to Appropriate District Office

State of New Mexico Ene. Minerals and Natural Resources Department

For	m C	:-10	13
Res	rlsed	1-	1-89

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVA'I		WELL API NO.
P.O. Box DISTRICT II Santa Fe, New Mex		
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	2000	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON V	WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL OTHER T	NJECTOR	N NORDC IC (CA) LINET
2. Name of Operator	HOLCTON	N. HOBBS (G/SA) UNIT
SHELL WESTERN E&P INC.		SECTION 28
3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK	4435)	9. Pool name or Wildcat 422
4. Well Location Unit Letter H: 2199 Feet From The NORTH	Line and 7	72 Feet From The FAST
		•
	Range 38E N her DF, RKB, RT, GR, etc.)	MPM LEA County
X/////////////////////////////////////		· • • • • • • • • • • • • • • • • • • •
11. Check Appropriate Box to Indicat	e Nature of Notice, Re	port, or Other Data
NOTICE OF INTENTION TO:		EQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING O	
PULL OR ALTER CASING		=
OTHER: Perf & Acd2 X	CASING TEST AND CEM	ENT JOB L
	OTHER:	
 Describe Proposed or Completed Operations (Clearly state all pertinent details, work) SEE RULE 1103. 	and give pertinent dates, includin	g estimated date of starting any proposed
1. POH W/inj equip. 2. CO to 4470' (PBTD).	·	
3, Pert San Andres 4240'-67' (2 JSPF)) ,	
4, Hcdz perfs 4240'-67' w/2000 pale 15	% HCI + 1000# 000	K salt.
5. Install inj equip, setting Guib Uni-PKr V	I @ ±4040'. Ret	well to inj.
		y
		·
		$(\mathbf{x}_{i}) = \mathbf{x}_{i}$
I hereby certify that the information above is true and complete to the best of my knowledge an	d belief.	
SIGNATURE THE STORY TO	REGULATORY SUPV	DATE 5-17-89
TYPE OR PRINT NAME J. H. SMITHERMAN	(713)	870-3797 тецерноме но.
(This space for State UORIGINAL SIGNED BY JERRY SEXTON		
DISTRICT I SUPERVISOR		MAY 2 2 1989
	T.P	