

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 032233(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

N. HOBBS (G/SA) UNIT

8. FARM OR LEASE NAME

SECTION 30

9. WELL NO.

332

10. FIELD AND POOL, OR WILDCAT

HOBBS (G/SA)

11. SEC., T., R., M., OR BLOCK AND SURVEY
- OR AREA

SEC. 30, T18S, R38E

12. COUNTY OR
PARISH

LEA

13. STATE

NM

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

SHELL WESTERN E&P INC.

3. ADDRESS OF OPERATOR

P. O. BOX 991, HOUSTON, TEXAS 77001

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 2470' FSL & 1600' FEL

At top prod. interval reported below SAME

At total depth SAME

14. PERMIT NO.

NA

DATE ISSUED

10-01-84

15. DATE SPUDDED

4-23-85

16. DATE T.D. REACHED

4-30-85

17. DATE COMPL. (Ready to prod.)

5-22-85

18. ELEVATIONS (DF, RNB, RT, GE, ETC.)*

3649.5' GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

4370'

21. PLUG. BACK T.D., MD & TVD

22. IF MULTIPLE COMPL.,
HOW MANY*

23. INTERVALS
DRILLED BY

ROTARY TOOLS

X

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

4127' - 4288' (SAN ANDRES)

25. WAS DIRECTIONAL
SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

DLL/MSFL/GR, RFT, SNP/GR, BHCS/GR, CBL/VDL/CCL/GR

27. WAS WELL CORED

NO

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	CONDUCTOR	40'	17-1/2"	CEMENTED TO SURF W/REDIMIX	----
9-5/8"	36#	1503'	12-1/4"	400 SX LITE + 250 SX HE II	----
7"	20#	4369'	8-3/4"	500 SX LITE + 300 SX HE II	----

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	4036'	----

31. PERFORATION RECORD (Interval, size and number)

4127' - 4288' (26 - 1/2" holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4127' - 4288'	ACIDIZED & SCALE INHIBITED W/ 3900 GALS 15% NEA + 5 DRUMS EXXON 7647 SCALE INHIBITOR

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
5-22-85		SUBMERSIBLE CENTRALIFT PUMP; LENGTH = 34'					PRODUCING	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
6-03-85	24	---	→	116	86	522	741	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
----	30	→				35.0		
24. DISPOSITION OF GAS (G/L) (G/L) (G/L) (G/L) (G/L) (G/L) (G/L) (G/L)								

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

SOLD

35. LIST OF ATTACHMENTS

3160-5, LOGS (2 SETS), INCLINATION REPORT(2)

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE JUNE 14, 1985

*(See Instructions and Spaces for Additional Data on Reverse Side)

3/. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

38. GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
RED BEDS	0	1310	RED BEDS	SALT	1548'	
RED BEDS	1310	1503	RED BEDS & ANHYDRITE	YATES	2635'	
7 RIVERS	1503	3093	SALT & ANHYDRITE	7 RIVERS	2872'	
QUEEN	3093	3535	SHALE & ANHYDRITE	QUEEN	3388'	
SAN ANDRES	3535	4370	DOLOMITIC	GRAYBURG	3738'	
				SAN ANDRES	4018'	

INCLINATION REPORT

1. FIELD NAME		2. LEASE NAME N. Hobbs Unit Section 30	7. RRC Lease Number. (Oil completions only)
3. OPERATOR Shell Western E & P, Att: Eddie Curtis		8. Well Number 332	
4. ADDRESS P. O. Box 991, Houston, Texas 77001		10. County Lea Co. N. Mex.	
5. LOCATION (Section, Block, and Survey)			

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
404	404	1	1.745	7.04	7.04
898	494	1	1.745	8.62	15.66
1210	312	2-3/4	4.798	14.96	30.62
1463	253	1 1/2	2.618	6.62	37.24
1946	483	3/4	1.309	6.32	43.56
2434	488	2	3.490	17.03	60.59
2620	186	1 1/2	2.618	4.86	65.45
3150	530	1/2	.873	4.62	70.07
3602	452	3/4	1.309	5.91	75.98
4099	497	1	1.745	8.67	84.65
4330	231	1	1.745	4.03	88.68

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 4330 feet = 88.68 feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? _____
(If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION SUBSCRIBED and SWORN TO, before me, this the <u>10th</u> day of <u>May</u> , A.D., 1985 My Commission expires <u>2/11/87</u> <u>Pam J. Locklar</u> Pam J. Locklar, Notary Public in and for Ector County, Texas.		OPERATOR CERTIFICATION Signature of Authorized Representative <u>A. J. FORE</u> A. J. FORE, SUPERVISOR REG. & PERMITTING Name of Person and Title (type or print) SHELL WESTERN E&P INC. Operator Telephone: <u>(713) 870-3797</u> Area Code	
Signature of Authorized Representative <u>Ban Green</u> Ban Green, General Manager Name of Person and Title (type or print) Grace Drilling Company Name of Company Telephone: <u>915 337-1323</u> Area Code			

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.