

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT

EXPIRES AUGUST 31, 1983
5. LEASE DESIGNATION AND SERIAL NO
LC 032233 (a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME
N. HOBBS (G/SA) UNIT

2. NAME OF OPERATOR
SHELL WESTERN E&P INC.

8. FARM OR LEASE NAME
SECTION 30

3. ADDRESS OF OPERATOR
P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)

9. WELL NO.
342

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface UNIT LTR 0, 440' FSL & 2310' FEL

10. FIELD AND POOL, OR WILDCAT
HOBBS (G/SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 30, T18S-R38E

14. ~~XXXXXX~~ API NO. 30-025-12501

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3654' DF

12. COUNTY OR PARISH 13. STATE
LEA NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)

8-10 to 8-12-88:
POH w/prod equip. Perf'd San Andres 4170' - 4214' (2 JSPF). CO to 4217' (PBTD). Acid perms 4127' - 4214' w/1500 gals 15% HCl-NEFE. Installed prod equip & ret'd well to prod.

18. I hereby certify that the foregoing is true and correct
SIGNED J. H. SMITHERMAN J. H. SMITHERMAN TITLE PROD. ADMIN. ADVISOR DATE 4-13-89

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side