

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

U. S. OIL AND GAS COMMISSION

P. O. BOX 1989

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 ☐

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

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
5162' SOUTH AND 2733' EAST OF NW CORNER SEC. 27
APPROX. 118' FSL & 2733' FWL SEC. 27

14. ~~XXXXXX~~ API NO.
30-003-20017

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
8111' GR

CONFIDENTIAL
INFORMATION

5. LEASE DESIGNATION AND SERIAL NO.
NM 61816

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
SWEPI et al ASPEN FEDERAL

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 27, T1S, R13W

12. COUNTY OR PARISH
CATRON

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
(Other) <input type="checkbox"/>	RAN 11-3/4" CSG <input checked="" type="checkbox"/>

(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.)

12-17-87: Ran 24 jts 11-3/4" 42# H40 ST&C csg, FC @ 971', guide shoe @ 1016'. Cmt'd csg w/450 sx silica lite + 1% CaCl2 + 1/4#/sk flocele followed by 200 sx Premium + 2% CaCl2 + 1/4#/sk flocele. Bumped plug w/750#, float did not hold. Circ'd 349' sx cmt.

NOTE: SPUDDED well @ 2:00 PM 12-15-87.

18. I hereby certify that the foregoing is true and correct

SIGNED A. J. FORE A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE 12-28-87

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE
JAN 12 1988
BUREAU OF LAND MANAGEMENT
POSWELL RESOURCE AREA

*See Instructions on Reverse Side