

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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 INJECTOR

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

3. ADDRESS OF OPERATOR  
P.O. BOX 991 HOUSTON, TX 77001

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface 1400' FSL & 2430' FEL

14. PERMIT NO.  
NA

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3660.1' DF; 3650.5' GL

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.  
333

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

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

12. COUNTY OR PARISH  
LEA

13. STATE  
NEW MEXICO

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 PLANS <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) SPUD & RAN 8-5/8" 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.)

12-17-84: SPUDDED @ 4:00 PM 12-17-84.

12-19 to 12-20-84: Ran 3 jts 32# and 36 jts, <sup>8-5/8"</sup> 24# K55 ST&C csg, guide shoe @ 1579', float collar @ 1497'. Cut off conductor (set @ 40') & 8-5/8" csg, picked up 60' of 1" tbg, tagged cmt @ 60', pumped 35 sx "C" Neat for "top job", weld on head & test to 1000 psi, held OK, cmt'd w/425 sx Lite wt 3 + 6% gel + 2% CaCl2 + 1/4#/sx flocele + 250 sx HE2 + 3% CaCl2 + 1/4#/sx flocele, displaced w/95 bbls 10# brine @ 6-2 BPM, bumped plug w/500 psi, float held OK, did not circ cmt. Total WOC time 21-3/4 hrs.

18. I hereby certify that the foregoing is true and correct  
SIGNED A. J. FORE TITLE SUPERVISOR REG. & PERMITS DATE FEBRUARY 7, 1985  
(This space for Federal or State office use)

APPROVED BY [Signature] ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY  
FEB 21 1985

\*See Instructions on Reverse Side

RECEIVED

FEB 25 1985

O.G.O.  
MOBILE OFFICE