

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE
(Other Instructions on Reverse Side)

Budget Bureau No. 1004-1-175
Expires August 31, 1985

2. 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 ☐

2. NAME OF OPERATOR

SHELL WESTERN E&P INC.

3. ADDRESS OF OPERATOR

P. O. BOX 576, HOUSTON, TEXAS (WCK 4435)

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

UNIT LTR'L, 2310' FSL & 990' FWL

7. UNIT AGREEMENT NAME

N. HOBBS (G/SA) UNIT

8. FARM OR LEASE NAME

SECTION 29

9. WELL NO.

131

10. FIELD AND POOL, OR WILDCAT

HOBBS (G/SA)

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

SEC. 29, T-18-S, R-38-E

12. COUNTY OR PARISH 13. STATE

LEA

NM

14. ~~XXXXXX~~

15. ELEVATIONS (Show whether OF, RT, GR, ETC.)

API #30-025-07447

3649' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

1. POH w/prod equip.
2. CO to CIBP @ 4130'.
3. Acdz perfs 4080'-90' w/500 gals 15% HCl.
4. Knock CIBP loose @ 4130' & push to PBD @ 4217'.
5. Install prod equip & return well to-prod.

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

SIGNED W.F.N. KELLDORF

TITLE STAFF PRODUCTION ENGINEER

DATE 4-27-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side