

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

Budget Bureau No. 1004-113
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 ☐	7. UNIT AGREEMENT NAME N. HOBBS (G/SA) UNIT
2. NAME OF OPERATOR SHELL WESTERN E&P INC.	8. FARM OR LEASE NAME SECTION 29
3. ADDRESS OF OPERATOR P. O. BOX 576, HOUSTON, TEXAS (WCK 4435)	9. WELL NO. 131
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	10. FIELD AND POOL OR WILDCAT HOBBS (G/SA)
14. PERMIT NO. N/A	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA SEC. 29, T-18-S, R-38-E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3649' GL	12. COUNTY OR PARISH LEA
	13. STATE 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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☒	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANT ☐	(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.)

1. Pull production equipment. Install BOP. Tag btm.
2. Clean out to 4217'.
3. Set 5" pkr @ 4100'.
4. Acidize San Andres perf's 4142' - 4210' w/6000 gals 15% HCl-NEA + 1000# rock salt w/2 drums Exxon 7647 scale inhibitor.
5. Install production equipment and return well to production.

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

SIGNED A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE SEPTEMBER 20, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 9-24-85

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side