

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR  
SHELL OIL COMPANY
3. ADDRESS OF OPERATOR  
P. O. BOX 991, HOUSTON, TX 77001
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: UNIT LETTER L, 2310' FSL, 990' FWL  
AT TOP PROD. INTERVAL: SAME  
AT TOTAL DEPTH: SAME
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| FRACTURE TREAT   | <input type="checkbox"/> | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE   | <input type="checkbox"/> | <input type="checkbox"/>            |
| REPAIR WELL  | <input type="checkbox"/> | <input type="checkbox"/>            |
| PULL OR ALTER CASING   | <input type="checkbox"/> | <input type="checkbox"/>            |
| MULTIPLE COMPLETE  | <input type="checkbox"/> | <input type="checkbox"/>            |
| CHANGE ZONES   | <input type="checkbox"/> | <input type="checkbox"/>            |
| ABANDON*   | <input type="checkbox"/> | <input type="checkbox"/>            |
| (other) OPEN ADDITIONAL PAY & ACIDIZE, INSTALL ARTIFICIAL LIFT | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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.)\*

- 1-21-83: Set CI cmt retainer @ 3936'. Pumped 50 sx Class "C" cmt w/2% CaCl<sub>2</sub>. WOC.
- 1-24-83: Drld cmt and cmt retainer to 4065'. Press tested squee to 500 psi - held OK. Spotted 200 gals 15% HCl acid.
- 1-27-83: Perf'd 4142' to 4210'. Acidized w/100 bbls 15% HCl-NEA.
- 2-01-83: Installed production equipment and returned well to production.

5. LEASE  
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 29
9. WELL NO.  
131
10. FIELD OR WILDCAT NAME  
HOBBS (G/SA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SECTION 29, T-18-S, R-38-E
12. COUNTY OR PARISH  
LEA
13. STATE  
NM
14. API NO.  
N/A
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3649' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED A. J. FORE TITLE SUPV. REG. & PERM. DATE FEBRUARY 7, 1983

ACCEPTED FOR RECORD \_\_\_\_\_ space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS  
CONDITIONS OF APPROVAL SEP 09 1983

DATE \_\_\_\_\_

RECEIVED

SEP 5 1983

O.C.D.  
HOBBS OFFICE