

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 1
(Other instructions
reverse side)

Budget Bureau No. 1-04-1
Expires August 31, 1985

5. 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		N. HOBBS (G/SA) UNIT
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME
SHELL WESTERN E&P INC.		SECTION 30
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		9. WELL NO.
P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)		331
UNIT LTR J, 2335' FSL & 2310' FEL		10. FIELD AND POOL, OR WILDCAT
14. XXXXXXXX API NO.		HOBBS (G/SA)
30-025-07472		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		SEC. 30, T18S-R38E
3654' DF		12. COUNTY OR PARISH
		LEA
		13. STATE
		NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input 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.)

This is notification that the proposed work indicated on Form 3160-5 approved 4-28-89 (copy attached) was inadvertently submitted. The proposal was actually intended for NHU #30-411, a fee lease well, and has been approved by the NMOC. For NHU #30-331, our plans remain to proceed with the operations previously approved via Form 3160-5 on 3-28-89.

RECEIVED

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

SIGNED W.F.N. KELLDORF TITLE STAFF PRODUCTION ENGINEER DATE 6-05-89

(This space for Federal or State office use)

APPROVED BY [Signature] DATE 6-23-89

CONDITIONS OF APPROVAL, IF ANY: