

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO

Budget Bureau No. 1004-...  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.

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

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 COMPLETE <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 checked="" type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>                          |                                          |
| (Other) <input 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.)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

9-16-87: POH w/prod equip. CO to 4230'. Perf'd San Andres 4145'-60' (2 JSPF).

9-17-87: Set RBP @ 4165'. Acid perms 4145'-60' w/500 gals 15% HCl. POH w/RBP.

9-18-87: Installed prod equip & returned well to prod.

RECEIVED

MAR 7 8 33 AM '88

CARL AREA

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

SIGNED For A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE 3-03-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

SJS