

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

SHELL WESTERN E&P INC.

3. ADDRESS OF OPERATOR

P. O. BOX 576, HOUSTON, TEXAS 77001 (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 P, 330' FSL & 330' FEL

7. UNIT AGREEMENT NAME

N. HOBBS (G/SA) UNIT

8. FARM OR LEASE NAME

SECTION 30

9. WELL NO.

441

10. FIELD AND POOL, OR WILDCAT

HOBBS (G/SA)

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

SEC. 30, T18S-R38E

12. COUNTY OR PARISH 13. STATE

LEA

NM

14. XXXXXX API NO.

30-025-07473

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3646' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRAC TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRAC TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Knocked out CIBP ☒

(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.)

8-15 to 8-16-88:

POH w/prod equip. Knocked out CIBP & pushed to btm (4217'). CO to 4217'. Installed prod equip & ret'd to prod.

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

SIGNED J. H. SMITHERMAN

TITLE PROD. ADMIN. ADVISOR

DATE 4-13-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

APR 14 1989

*See Instructions on Reverse Side

SJS
CARISBAD, NEW MEXICO