

Form 100-105  
(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN REVERSE SIDE  
(Other instructions on 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<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>441                                                     |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>UNIT LTR P, 330' FSL & 330' FEL | 10. FIELD AND POOL, OR WILDCAT<br>HOBBS (G/SA)                         |
| 14. XXXXXXXX API NO.<br>30-025-07473                                                                                                                                      | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>SEC. 30, T18S-R38E |
| 15. ELEVATIONS (Show whether OF, RT, GR, etc.)<br>3646' DF                                                                                                                | 12. COUNTY OR PARISH<br>LEA                                            |
|                                                                                                                                                                           | 13. STATE<br>NM                                                        |

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

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                             |                                     |                 |                                     |
|-----------------------------|-------------------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF              | <input type="checkbox"/>            | REPAIRING WELL  | <input type="checkbox"/>            |
| FRACTURE TREATMENT          | <input type="checkbox"/>            | ALTERING CASING | <input type="checkbox"/>            |
| SHOOTING OR ACIDIZING       | <input checked="" type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/>            |
| (Other) RAN SUBMERSIBLE PMP | <input checked="" type="checkbox"/> |                 | <input checked="" 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.)

8-20-84: Pulled production equipment.

8-21-84: Set OH pkr @ 4100'. Acd San Andres OH 4100' - 4221' w/3000 gals 15% HCl-NEA + 800# rock salt. Released pkr.

8-22-84: TOH w/pkr. Set RBP @ 1500'. Installed submersible WH. Released RBP & TOH.

8-23-84: Installed submersible production equipment and returned well to production.

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

SIGNED *A. J. Fore* A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE NOVEMBER 19, 1986

(This space for Bureau or State office use)

APPROVED BY *David H. Glass* TITLE

DATE

CONDITIONS OF APPROVAL NOV 21 1986

CARLSBAD, NEW MEXICO See Instructions on Reverse Side