

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-DATE
(Other instructions on re-
verse side)

Budget Bureau No. 1004-1-100
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

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 30

9. WELL NO.

342

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

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 0, 440' FSL & 2310' FEL

14. PERMIT NO.

NA

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

3654' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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.)*

1. Pull prod equip.
2. CO to 3974'.
3. PB to 4130' w/sand. Cap w/10' cmt.
4. Set CICR @ 3875'.
5. Sqz Grayburg/San Andres OH w/1000 gals Flocheck + 75 sx Cls "C" cmt + 2% CaCl₂. Dump 10' cmt on top of CICR. WOC 72 hrs.
6. DO cmt (& CICR @ 3875') to 4110'.
7. Pres tst sqz to 700# for 15 min. CO to TD (4268') & circ clean.
8. Install prod equip and return well to prod.

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

SIGNED

A. J. Fore
A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE APRIL 6, 1987

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

APR 20 1987

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO