

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLIC.
(Other instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>		N. M. OIL CONS. COMMISSION		7. UNIT AGREEMENT NAME NORTH HOBBS (G/SA) UNIT	
2. NAME OF OPERATOR SHELL WESTERN E&P INC.		P. O. BOX 1980 HOBBS, NEW MEXICO 88240		8. FARM OR LEASE NAME SECTION 30	
3. ADDRESS OF OPERATOR P. O. BOX 991, HOUSTON, TEXAS 77001				9. WELL NO. 342	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 440' FSL & 330' FE FSL 2310				10. FIELD AND POOL, OR WILDCAT HOBBS (G/SA)	
				11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA SEC. 30, T-18-S, R-38-E	
14. PERMIT NO. NA		15. ELEVATIONS (Show whether OF, RT, GR, ETC.) 3654' DF		12. COUNTY OR PARISH LEA	
				13. STATE NM	

16. 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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<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"/>		

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

- 3-07-85: Pulled production equipment. Tagged bottom @ 4126'. Cleaned out to 3925'.
- 3-08-85: Set a 7" pkr @ 3892'. Pressure tested csg to 500 psi, held OK. Set a 7" CICR @ 3892'. Held backside pressure @ 500 psi while squeezing open hole 3974' to 4123' w/1500 gals flocheck & 75 sx of Class "C" cmt + 2% CaCl₂. Reversed out 10 sx excess cmt out tbq. Squeezed 65 sx cmt below CICR @ 3892'. WOC 24+ hrs.
- 3-12 to 3-16-85: Tagged TOC above CICR @ 3882'. Drilled hard cmt 3882' to 3892' and drilled out CICR @ 3892'. Drilled out cmt 3892' to 3977'. Pressure tested csg shoe @ 3974' and 7" csg to 500 psi, held OK. Drilled out cmt 3977' to 4130'. Circ'd hole clean. Pressure tested open hole squeeze to 500 psi, held OK. Tagged top of hydromite plug @ 4140'. Drilled out hydromite plug 4140' to 4150'. Drilled out cmt 4150' to 4182'. Drilled out hard, packed sand 4182' to 4267'. Circ'd hole clean.
- 3-19-85: Spotted 250 gals of 15% HCl-NEA from 4266' to 4066'. Installed production equipment and returned well to production.

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

SIGNED A. J. FORE TITLE SUPERVISOR REG. & PERMITS DATE APRIL 23, 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APR 29 1985

*See Instructions on Reverse Side

RECEIVED
MAY 1 1985
O.C.D.
HOBBS OFFICE

CRIME RECORDS SECTION

CRIME RECORDS SECTION