

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
LC 032233 (a)

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
N. HOBBS (G/SA) UNIT

8. Well Name and No.
NHU 30-341

9. API Well No.
30-025-07443-24665

10. Field and Pool, or Exploratory Area
HOBBS (G/SA)

11. County or Parish, State
LEA, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Shell Western E & P Inc.

3. Address and Telephone No.

P.O. Box 576 Houston, TX 77001-0576 (wch 4587) 713/870-3426

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

UNIT LTR O, 990' FSL & 1650' FEL
SEC. 30, T18S-R38E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other OAP & AT
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☒ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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. POH W/PROD EQMT.
2. CO TO PBTD @ +/-4202'.
3. SET CIBP @ 4090'.
4. SET CICR @ +/-4000'.
5. SQZ SA PERFS 4042-73' W/150 SX CLS C CMT + 2% CACL2 + 1.5% HOWCO SUDS + .75% FOAM STABILIZER + 300 SCF/BBL N2 FOLLOWED BY 50 SX CLS C CMT + 2% CACL2. WOC AT LEAST 24 HRS.
6. DO CICR @ +/-4000' & UNDERLYING CMT TO 4060'. PT SQZ TO 500#.
7. PERF SA 4034-52' (2 SPF).
8. ISOLATE PERFS 4034-52' & ACDZ W/1050 GAL 15% NEFE HCL.
9. INST PROD EQMT & RTP.

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

Signed W. F. N. KELLDORF Title TECH. MANAGER - ENVIR. ENG.

Date 4/14/92

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

Date 4/30/92