

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other

2. NAME OF OPERATOR
SHELL OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. BOX 991, HOUSTON, TEXAS 77001

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990 FSL, 1650 FEL, UNIT LETTER O
AT TOP PROD. INTERVAL: SAME
AT TOTAL DEPTH: SAME

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

(other) OPEN ADDITIONAL PAY &

ACIDIZE

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. Set cmt retainer @ 4030'. Pump 150 sx Class "C" cmt w/2% CaCl₂. Spot 15' of cmt on top of retainer. WOC 24 hrs.
2. Drill out retainer and cmt. Test squeeze to 500 psi.
3. Perforate Upper Basal Grayburg zone 3904' to 3995' (72 holes).
4. Acidize SA II and IIIu zones w/2500 gals 15% HCl. Acidize Upper Basal Grayburg perms (3904' to 95') w/3200 gals 15% HCl.
5. Install production equipment and return well to production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED A. J. Fore A. J. FORE TITLE SUPV. REG. & PERM DATE OCTOBER 21, 1982

APPROVED (This space for Federal or State office use)

APPROVED BY James A. Gilliam DATE OCT 26 1982
CONDITIONS OF APPROVAL, IF ANY:

FOR
JAMES A. GILLIAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

5. LEASE
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.
341

10. FIELD OR WILDCAT NAME
HOBBS (G/SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SECTION 30, T-18-S, R-38-E

12. COUNTY OR PARISH
LEA

13. STATE
NM

14. API NO.
N/A

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3655' DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.)