

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-067230
2. NAME OF OPERATOR SHELL WESTERN E&P INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. BOX 991, HOUSTON, TEXAS 77001		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL AND 1730' FEL		8. FARM OR LEASE NAME FEDERAL 3
14. PERMIT NO. N/A		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3664.7' GR, 3680' KB		10. FIELD AND POOL, OR WILDCAT LUSK BONE SPRING, EAST
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 3, T-19-S, R-32-E
		12. COUNTY OR PARISH LEA
		13. STATE NEW MEXICO

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	CELL 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"/>		

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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	PB WOLFCAMP, RCP BONE SPRINGS	<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.)

- 12-31-84: Pulled production equipment. Killed well w/80 bbls 2% KCl water.
- 1-03-85: Ran GR/CCL/Temp log from 10,170' - 9000'. Ran R.A. tracer survey from 10,021' - 10,070'.
- 1-07-85: Set a 5-1/2" CIBP @ 9416' and capped w/5 sx cmt.
- 1-09-85: Pressured csg to 1000 psi, held OK. CIBP tested OK. Spotted 150 gals 15% HCl-NEA from 9160' - 9010'. Perf'd Bone Springs 9142' - 9156'.
- 1-10-85: Pressured csg to 2200 psi, held OK. Acidized Bone Springs perf's 9142' - 9156' w/3000 gals 15% HCl-NEA. Initiated swab test.
- 1-15-85: Acidized Bone Springs perf's 9142' - 9156' w/1000 gals 15% MCA. Resumed swab testing.
- 1-19-85: Installed production equipment (set tubing anchor @ 9045') and started well to pump.

(CONTINUED ON REVERSE SIDE)

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

SIGNED A. J. FORE

TITLE SUPERVISOR REG. & PERMITTING DATE MARCH 27, 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

APR 2 1985

*See Instructions on Reverse Side

CARISBAD, N. MEXICO

1-23-85: In 24 hrs well produced 0 BO, 2 BW, 0 MCFG.

1-25-85: Shut-in well for fluid buildup.

3-13-85: 47th day shut-in. Fluid 4536' above pump. Casing pressure = 10#.

RECEIVED
APR - 3 1985
HOBBS OFFICE