

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 ☒ INJECTOR
2. NAME OF OPERATOR
SHELL OIL COMPANY
3. ADDRESS OF OPERATOR
P. O. BOX 991, HOUSTON, TX 77001
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1623' FSL & 1218' FWL, SEC. 29, T18S,
AT TOP PROD. INTERVAL: SAME R38E
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 ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) Disposal method for water pro-
duction

REC-10

DAY

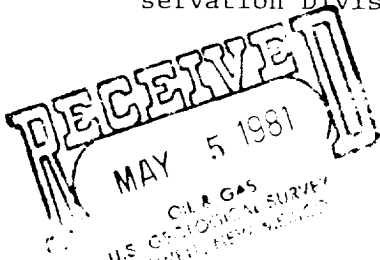
U.S. G.S.
HOL

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 29
9. WELL NO.
132
10. FIELD OR WILDCAT NAME
N. HOBBS (G/SA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 29, T18S, R38E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
30 025 126917
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3641.35' GR

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

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.)*

Produced water from well 29-132 is being injected into the San Andres reservoir underlying the North Hobbs G/SA Unit. Authority to conduct pressure maintenance by water injection was granted by the Energy and Minerals Department, Oil Conservation Division, State of New Mexico. (Order No. R-6199)



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 SUPERVISOR REG. / DATE APRIL 29, 1981
PERM.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE

APPROVED

MAY 11 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR