

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

5. LEASE DESIGNATION AND SERIAL NO.
LC 032233 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER ☐ INJECTOR

2. NAME OF OPERATOR

SHELL WESTERN E&P INC.

3. ADDRESS OF OPERATOR

P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1300' FSL & 1050' FEL SECTION 30

unit f

14. ~~XXXXXX~~ API NO.
30-025-27001

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3645.85' GR

7. UNIT AGREEMENT NAME

N. HOBBS (G/SA) UNIT

8. FARM OR LEASE NAME

SECTION 30

9. WELL NO.

442

10. FIELD AND POOL, OR WILDCAT

HOBBS (G/SA)

11. SEC., T., R., N., OR BLK. AND
SURVEY OR AREA

SEC. 30, T18S, R38E

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

4-10 to 4-16-90:

POH w/inj equip. CO to 4387'. Acid SA perfs 4162' - 4257' w/8000
gals 15% NEFE HCl + 900# rock salt. Inst inj equip, setting Guib Uni-VI
PKr @ 3985'. PT ann to 500# for 30 min, held OK. Retd to inj.

RECEIVED
Aug 13 8 20 AM '90
CITY OF LEA
COUNTY CLERK

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

SIGNED

W. F. N. KELLDORF

TITLE SR. STAFF PRODUCTION ENGR.

DATE 8-8-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side