

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0115
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 ☐ GAS WELL ☐ OTHER INJECTOR	7. UNIT AGREEMENT NAME N. HOBBS (G/SA) UNIT
2. NAME OF OPERATOR SHELL WESTERN E&P INC.	8. FARM OR LEASE NAME SECTION 30
3. ADDRESS OF OPERATOR P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	9. WELL NO. 442
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	10. FIELD AND POOL, OR WILDCAT HOBBS (G/SA)
14. XXXXXX API NO. 30-025-27001	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA SEC. 30, T18S, R38E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3645.85' GR	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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETION ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON ☐

SHOOTING OR ACIDIZING ☒

ABANDONMENT ☐

REPAIR WELL ☐

CHANGE PLANE ☐

(Other) ☐

(Other) ☐

(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.)

3-02-87: Pmpd 2000 gals 15% HCl-NEA dwn tbq. Returned well to inj.

ACCEPTED FOR RECORD

APR 30 1987

575
CARLSBAD, NEW MEXICO

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

SIGNED A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE APRIL 21, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side