

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		N. HOBBS (G/SA) UNIT	
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME	
SHELL WESTERN E&P INC.		SECTION 29	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1600' FNL & 180' FWL		9. WELL NO.	
		122	
		10. FIELD AND POOL, OR WILDCAT	
		HOBBS (G/SA)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		SEC. 29, T18S, R38E	
14. PERMIT NO.		12. COUNTY OR PARISH	
NA		LEA	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		13. STATE	
3662' DF		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input 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.)*

9-14-89:

Acid SA perfs 4154' - 4211' w/3000 gals 15% NEFE HCl + 100# rock salt. Retd to inj.

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

SIGNED J. H. SMITHERMAN TITLE REGULATORY SUPV. DATE 10-20-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: Adm

*See Instructions on Reverse Side