

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

3. 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, TEXAS 77001 (WCK 4435)

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

7. UNIT AGREEMENT NAME

N. HOBBS (G/SA) UNIT

8. FARM OR LEASE NAME

SECTION 29

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

12. COUNTY OR PARISH 13. STATE

LEA

NM

14. PERMIT NO.

NA

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

3662' DF

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 COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

INJECTION PROFILE CORRECTION X

(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.)*

1. POH w/inj equip.
2. CO to 4280'.
3. Set CICR @ ±4090'.
4. Sqz perms 4157' - 4306' w/100 sx CIs "C" cmt + 2% CaCl₂ + 1.5% Howco suds + 0.75% HC-2 + 200 SCF N₂/bbl followed by 50 sx CIs "C" cmt + 2% CaCl₂. WOC 24 hrs.
5. DO CICR & cmt to 4275'. Pres tst sqz to 500#.
6. Perf San Andres 4157' - 4255' (2 JSPF).
7. Install inj equip, setting Guiberson Uni-Pkr VI @ ±4100'. Pres tst csg to 850# & return well to inj.

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

SIGNED

W. F. N. KELLDORF

TITLE STAFF PRODUCTION ENGINEER

DATE 4-13-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED

APR 21 1988

HOORS OFFICE