

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

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME N. HOBBS (G/SA) UNIT |
| 2. NAME OF OPERATOR SHELL WESTERN E&P INC. | | 8. FARM OR LEASE NAME SECTION 29 |
| 3. ADDRESS OF OPERATOR P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435) | | 9. WELL NO. 122 |
| 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 | | 10. FIELD AND POOL, OR WILDCAT HOBBS (G/SA) |
| 14. PERMIT NO. NA | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 29, T18S, R38E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3662' DF | | 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 | <input type="checkbox"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) CONVERTED TO INJECTOR | <input checked="" 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.)

2-08-88: POH w/prod equip. CO to 4324'.
2-09-88: Pres tstd prev sqzd perfs 4132'-36' to 700#, held OK. Set CIBP @ 4280'. Perf'd San Andres 4154' - 4265' (2 JSPF).
2-10-88: Installed inj equip, setting Guiberson Uni-Pkr VI @ 4037'. Pres tstd csg to 650# for 15 min, held OK.
2-15-88: Commenced inj.

18. I hereby certify that the foregoing is true and correct
SIGNED W. F. N. KELLEDORE TITLE STAFF PRODUCTION ENGINEER DATE 4-13-88
(This space for Federal or State office use)

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

*See Instructions on Reverse Side

RECEIVED

APR 21 1988

900
HOBBS OFFICE