

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

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 ☐	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, TEXAS 77001 (WCK 4435)	9. WELL NO. 332
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2470' FSL & 1600' FEL SEC. 30	10. FIELD AND POOL, OR WILDCAT HOBBS (G/SA)
14. XXXXXX API NO. 30-025-28954	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 30, T18S-R38E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3649.5' GL	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 COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☒	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(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.)

1. POH w/prod equip.
2. CO to PBTD (4323')
3. Perf San Andres 4103' - 4236' (2 JSPF)
4. Acidz perfs 4103' - 4236' w/4100 gals 15% NEFE HCl.
5. Install prod equip & ret well to prod.

RECEIVED

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

SIGNED W.F.N. KELLDORF TITLE STAFF PRODUCTION ENGINEER

DATE 6-9-89

(This space for Federal or State office use)

APPROVED BY DAVID R. CLASS TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

DATE 6-15-89

*See Instructions on Reverse Side