

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. TE*
(Other instructions on re-
verse 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		5. LEASE DESIGNATION AND SERIAL NO. LC 032233(a)
2. NAME OF OPERATOR SHELL WESTERN E&P INC. (4431 WCK)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 576 HOUSTON, TX 77001		7. UNIT AGREEMENT NAME N. HOBBS (G/SA) UNIT
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		8. FARM OR LEASE NAME SECTION 30
14. XXXXXX API NO. 30-025-28954		9. WELL NO. 332
15. ELEVATIONS (Show whether OF, ST, GR, etc.) 3649.5' GL		10. FIELD AND POOL, OR WILDCAT HOBBS (G/SA)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 30, T18S, R38E
		12. COUNTY OR PARISH LEA
		13. STATE NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other)	AT	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETE	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANS	☒		

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) POOH w/ prod equip.
- 2) CO to 4300'.
- 3) Selectively AT San Andres 4127' - 4272' w/ 1400 gals 15% HCl acid, using SPA.
- 4) RIH w/ prod equip and return well to production.

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

SIGNED <u>[Signature]</u> F.N. KELLDORF	TITLE <u>STAFF PRODUCTION ENGINEER</u>	DATE <u>3/15/89</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>3-28-89</u>
CONDITIONS OF APPROVAL IF ANY:		

*See Instructions on Reverse Side