

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved
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 ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

SHELL WESTERN E&P INC.

3. ADDRESS OF OPERATOR

P.O. BOX 576 HOUSTON, TX 77001 (WCK 4435)

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

7. UNIT AGREEMENT NAME

N. HOBBS (G/SA) UNIT

8. FARM OR LEASE NAME

SECTION 30

9. WELL NO.

332

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 13. STATE

LEA

NEW MEXICO

14. ~~API NO.~~ API NO.

30-025-28954

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

3649.5' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)

9-14-87: Pulled prod equip. CO to PBTD @ 4323'.

9-15-87: Acid San Andres perms 4127 - 4272' w/2500 gals 15% HCl-NEA. Installed prod
equip & returned well to prod.

RECEIVED

OCT 14 11 33 AM '87
BUREAU OF LAND MANAGEMENT
ARLINGTON, TEXAS

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

SIGNED A. J. FORE A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE OCTOBER 9, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____