

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 ☐ INJECTOR	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, TX 77001 (WCK 4435)	9. WELL NO. 333
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1400' FSL & 2430' FEL	10. FIELD AND POOL, OR WILDCAT HOBBS (G/SA)
14. XXXXXX API NO. 30-025-28955	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 30, T18S, R38E
15. ELEVATIONS (Show whether OF, XT, GR, etc.) 3660' DF	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:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☒	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANT ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(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. Pres tst ann to 300# for 30 min.
2. Rel Guib Uni-Pkr VI @ 4026' & POH w/inj equip.
3. CO to 4328' (PBTD).
4. Perf SA 4176' - 4267' (2 JSFF).
5. Acidz perfs 4175' - 4290' w/3000 gals 15% HCl.
6. Install inj equip, setting Guib Uni-Pkr VI @ ±4026'.
7. Pres tst csg to 300# for 30 min.
8. Ret to Inj.

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

SIGNED J. H. SMITHERMAN TITLE REGULATORY SUPERVISOR

DATE 12-6-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

TITLE _____

DATE _____

RECEIVED

DEC 14 1989

OCD
HOBBS OFFICE