Form 3160-5
November 1983)
Formerly 9-331)

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

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 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)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: SEC. 30, T18S, R38E

14. ~~PERMIT NO.~~ API NO.: 30-025-28955

15. ELEVATIONS (Show whether DF, RT, 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:				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	X	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(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.)*

7-17-89;

Pmpd 300 gals xyl + 1200 gals 15% HCl dwn tbg. SI 1 hr. Retd to inj.

RECEIVED

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

SIGNED J. H. Smitherman J. H. SMITHERMAN TITLE REGULATORY SUPV. DATE 8-15-89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side