

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form 3160-5
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	5. LEASE DESIGNATION AND SERIAL NO. LC 032233(a)
2. NAME OF OPERATOR SHELL WESTERN E&P INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 576 HOUSTON, TX 77001 (WCK 4435)	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 1400' FSL & 2430' FEL	8. FARM OR LEASE NAME SECTION 30
14. PERMIT API NO. 30-025-28955	9. WELL NO. 333
15. ELEVATIONS (Show whether OF, RT, CR, etc.) 3660' DF	10. FIELD AND POOL, OR WILDCAT HOBBS (G/SA)
	11. SEC. T., R., M., OR ALK. AND SURVEY OR AREA SEC. 30, T18S, R38E
	12. COUNTY OR PARISH LEA
	13. STATE NEW MEXICO

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 COMPLETION	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANE	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☒
(Other)	☒ ACID DUMP		

(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.)

3-02-87: Pmpd 2000 gals 15% HCl-NEA & bullheaded dwn tbg. Returned to inj.

SJS

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

SIGNED A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE 1-26-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side