

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU LAND MANAGEMENT

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME N. HOBBS (G/SA) UNIT
2. NAME OF OPERATOR SHELL WESTERN E&P INC. (4431 WCK)	8. FARM OR LEASE NAME SECTION 30
3. ADDRESS OF OPERATOR P. O. BOX 576, HOUSTON, TEXAS 77001	9. WELL NO. 432
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2260' FSL & 180' FEL SEC. 30	10. FIELD AND POOL, OR WILDCAT HOBBS (G/SA)
14. XXXXXX API NO. 30-025-28957	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 30, T18S, R38E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3645.9' GR	12. COUNTY OR PARISH LEA
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) OAP & AT <input checked="" type="checkbox"/>		(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) POOH w/ prod equip.
- 2) CO to PBTD @ 4325'.
- 3) Perf San Andres 4126' - 4261' w/ 2JSPF.
- 4) AT San Andres 4110' - 4266' w/ 3500 gals 15% HCl acid + 2400# rock salt, using pkr set @ 4080'.
- 5) RIH w/ prod equip and return well to production.

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

SIGNED W.F.N. KELLDORF TITLE STAFF PRODUCTION ENGINEER

DATE 3/15/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 3 20 89

*See Instructions on Reverse Side