

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

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. 443
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1300' FSL & 160' FEL	10. FIELD AND POOL, OR WILDCAT HOBBS (G/SA)
14. XXXXXXXX API NO. 30-025-28958	11. SEC., T., R., M., OR RLK. AND SURVEY OR AREA SEC. 30, T18S, R38E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3657.5' DF; 3647.5' GL	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	☐	PCCL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☒	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other) Set CIBP; Modify inj profile ☒			

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 tbg/csg ann to 300#.
2. POH w/inj equip.
3. CO to 4270'.
4. Run GR/CCL.
5. Set CIBP @ 4185'.
6. Acidz SA perfs 4094' - 4181' w/2000 gals 15% NEFE HCl.
7. Install inj equip, setting Guib uni-VI PKr @ 4024'.
8. Pres tst csg/tbg ann to 300# for 30 min.
9. Ret well to inj.

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

SIGNED J. H. SMITHERMAN TITLE REGULATORY SUPV.

DATE 2-12-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 2-16-90

Subject to
Like Approval
by State

*See Instructions on Reverse Side

RECEIVED