

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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. API NO. 30-025-28958	11. SEC., T., R., M., OR BLK. 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 OPERATION 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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)

7-17-89:  
Pmpd 300 gals xyl + 1200 gals 15% HCl dwn tbg. SI 1 hr. Retd to inj.

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

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

(This space for Federal or State office use)

APPROVED BY DAVID R. GLASS TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side

RECEIVED  
AUG 15 1989