

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions or
verbal aide)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 032233(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

N. HOBBS (G/SA) UNIT

8. FARM OR LEASE NAME

SECTION 30

9. WELL NO.

444

10. FIELD AND POOL, OR WILDCAT

HOBBS (G/SA)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC. 30, T18S, R38E

12. COUNTY OR PARISH 13. STATE

LEA

NEW MEXICO

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 ☐

2. NAME OF OPERATOR

SHELL WESTERN E&P INC. (4435 WCK)

3. ADDRESS OF OPERATOR

P.O. BOX 576 HOUSTON, TX 77001

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface 215' FSL & 1255' FEL

14. ~~XXXXXX~~ API NO.

30-025-28959

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

3644.5' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.) *

1-29-87: Pmpd 70/30 mix of 700 gals 15% HCl & 300 gals xyl dwn csg tbg
annulus. SI 2 hrs & ret'd to prod.

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

SIGNED

W.F.N. KELLDORF

TITLE STAFF PRODUCTION ENGINEER

DATE 3-08-89

(This space for Federal or State office use)

APPROVED BY (Typed Name) DAVID R. GLASS
CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side