

DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)
BUREAU OF LAND MANAGEMENT

Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR SHELL WESTERN E&P INC. (4431 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	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 LEA	13. STATE NEW MEXICO
14. 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) ADZ & OAP

(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 RBP @ 4145'.
- 3) Perf San Andres 4112' - 4131' w/ 2 JSPF.
- 4) AT San Andres 4112' - 4131' w/ 1000 gals 15% HCl acid + 600 # rock salt.
- 5) RIH w/ prod equip and return well to production.

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

SIGNED A. J. Fore A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE OCT 25 1988

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 11-8-88

*See Instructions on Reverse Side