

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse 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<br>N. HOBBS (G/SA) UNIT                      |
| 2. NAME OF OPERATOR<br>SHELL WESTERN E&P INC.                                                                                                               | 8. FARM OR LEASE NAME<br>SECTION 30                                 |
| 3. ADDRESS OF OPERATOR<br>P.O. BOX 991 HOUSTON TX 77001                                                                                                     | 9. WELL NO.<br>444                                                  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 215' FSL & 1255' FEL | 10. FIELD AND POOL, OR WILDCAT<br>HOBBS (G/SA)                      |
| 14. PERMIT NO.<br>NA                                                                                                                                        | 11. SEC., T., R., OR ALK. AND SURVEY OR AREA<br>SEC. 30, T18S, R38E |
| 15. ELEVATIONS (Show whether DF, XT, GR, etc.)<br>3644.5' GL                                                                                                | 12. COUNTY OR PARISH<br>LEA                                         |
|                                                                                                                                                             | 13. STATE<br>NEW MEXICO                                             |

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

NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |                                               |

SUBSEQUENT REPORT OF:

|                                                                        |                                          |
|------------------------------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>                                | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                            | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>                         | ABANDONMENT* <input type="checkbox"/>    |
| (Other) CMT FROM T.O.C. TO SURFACE <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 and 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.)

- 3-09-85: Tagged cmt @ 4315'. Drilled cmt from 4315' to 4326' (depth of float collar).
- 3-11-85: Ran a CBL/VDL/CCL/GR log from 4326' to surface. TOC @ 3912'. Perf'd 7" csg w/4 jet shots @ 3850' - 3851'.
- 3-12-85: Set cmt retainer @ 3770'. Pumped 20 bbls fresh wtr + 1070 sx Lite 4-HE w/1070 sx cmt circ to surface. Pumped 200 sx HE cmt w/cmt mix shut down to wash up pump & lines. Started displacement and pressured up to 2500 psi, held OK. Reversed out 21 bbls cmt to pit.
- 3-13-85: Drilled cmt 3760' - 3770', drilled cmt retainer 3770' - 3771', and drilled cmt 3771' - 3870'. Circ'd hole clean and tested squeeze holes @ 3850' to 1000 psi, held OK.
- 3-14-85: Ran CN log from 4324' to 3400' & CBL/VDL/CCL/GR log from 4324' to surface. Top of cmt @ surface.

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

SIGNED A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE MARCH 26, 1985

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

APR 2 1985

\*See Instructions on Reverse Side

CARLEAD, MEXICO