DISTRICT I SUPERVISOR

APPROVED BY

СОНДЕТОНЗ ОР АРРКОЙАЦ, ТР АМУ:

RECEIVED

APR 21 1989

OCD MOBBS OFFICE

State of New Mexico Form C-103 Submit 3 Copies 3y, Minerals and Natural Resources Department Revised I-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICTI WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 Santa Fe. New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 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" (FORM C-101) FOR SUCH PROPOSALS.) COOPER "A" Type of Well: WELL | METT X OTHER 8. Well No. 2. Name of Operator SHELL WESTERN E & P INC. (4431 WCK) 9. Pool name or Wildcat 3. Address of Operator EUNICE MONUMENT (G-SA) P.O. BOX 576. 77001-0576 Houston, IX Well Location NORTH 330 Feet From The 2310 EAST Line Feet From The Unit Letter Line and 20-S LEA Township Range County Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3563' DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: Repair Brine flow, poss. casing leak X OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. CO to 3530' (PBTD). 1) Pres test 7" casing to 300 psi. Run CBL/CCL/GR from PBTD to TOC. Shoot 4-way shot +/- 50' above TOC as indicated by log evaluation. 4) TIH w/ pkr and set 100' above 4-way shot. Set cmt retainer 100' above 4-way, pres test to 300 psi and pmp cmt (circ to surf). Pres test to 300 psi.

Leave well shut-in.

I hereby certify that the information above is true and	complete to the best of my knowledge and belief.		-//
SIONATURE OF Kellowy	W.F.N. KELLDORF	STAFF PRODUCTION	ENGINEER DATE 3/15/PG
SIGNATURE		,	/
TYPE OR PRINT NAME			TELEPHONE NO.

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

MAR 2 1 1989

CONDITIONS OF APPROVAL, IF ANY: