

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name STATE E
8. Well No. 4
9. Pool name or Wildcat MONUMENT

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.)

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
SHELL WESTERN E&P INC.

3. Address of Operator
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)

4. Well Location
Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line
Section 13 Township 20S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>ACD TREATMENTS</u> <input checked="" type="checkbox"/>

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.

2-21-84
PUMPED 1000 GAL 15% HCL DOWN CSG. FLUSHED WITH 150 BBLS 9# BRINE. SHUT IN OVER NIGHT. RETD TO PROD.

3-4-87
PUMPED 1000 GAL NEFE 15% HCL DOWN CSG. FLUSHED WITH 75 BBLS 9# BRINE. RETD TO PROD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. H. Smitherman TITLE PROD. ADMIN. ADVISOR DATE MAY 09 1989

TYPE OR PRINT NAME J. H. SMITHERMAN TELEPHONE NO. (713) 870-3797

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DATE MAY 12 1989
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 11 1989

CCD
HQBRC OFFICE