

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. <i>30-025-23391</i>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.

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 *SWD*

2. Name of Operator
I & W TRANSPORTATION

3. Address of Operator
P.O. BOX 939 ; LOVINGTON, N.M. 88260

4. Well Location
Unit Letter *K* : *1980* Feet From The *South* Line and *1980* Feet From The *West* Line

Section *32* Township *14 S* Range *34 E* NMPM *LEA* County

7. Lease Name or Unit Agreement Name
SHELL STATE SWD

8. Well No.
1

9. Pool name or Wildcat
SAN ANDRES

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 ☒	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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.
07-23-92 Rig up unit (55). Check tbgs. Press 145# Shut-down unit & flow well down.
07-24-92 Pump 30 bbls Via tbgs & pull tbgs & pkn. Lay all 2 7/8" plastic-lined tbgs on ground. Baker AD-1 & 5/8" leaks very bad. Took to Watson pkn to check, well flowed during pulling operation, pump 245 bbls 10.1 Brine Via csq & shut-down & wait on Pkn.
07-27-92 Run 4383' of 2 7/8" g-55 Salta plastic lined tbgs w/ 8 5/8" AD-1 Packer Circulated 250 bbls 2%KCL w/ packer fld. Set packer @ 4383' Pressure to 300 lbs pressure for 15 min. Test Good. Well placed on injection.

Lanny Dade

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE *Michael D. Caudill* TITLE *mga.* DATE *07-29-92*
TYPE OR PRINT NAME *Michael D. Caudill* TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 04 '92

RECEIVED

AUG 03 1992

OCD HOSSS OFF

