

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. 30-025-23391
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 SHELL STATE SWD
8. Well No. I
9. Pool name or Wildcat San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER S.W.D.
2. Name of Operator I & W TRANSPORTATION
3. Address of Operator P.O. BOX 939, Lovington, New Mexico 88260
4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>14S</u> Range <u>34E</u> NMPM <u>Lea</u> County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input checked="" 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: <input 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.

9-04-91 Rig up unit to pull 2 7/8 tbg; Kill well w/10# brine; pull tbg; @ 11th Jt. 330 Ft. from top. Hole in tbg 1/4" net pkr & test Anu to 300#. Good test. Rest of tbg in hole w/tbg testers. Circ Via Anu pkr fluid 237 bbls w/oxygen scavenger, 1% Cnonox 6697A inhibitor and 2% KCL base.
Pressure test Anu to 300# 30 min. and flange up well to inject.

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

SIGNATURE Michael D. Caudill TITLE Manager DATE 9/4/91

TYPE OR PRINT NAME MICHAEL D. CAUDILL TELEPHONE NO. 396-3331

(This space for State Use)

APPROVED BY JERRY SEXTON TITLE CLERK / SUPERVISOR DATE _____

CONDITIONS OF APPROVAL, IF ANY: