NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. 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.
OIL WELL [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name

2. Name of Operator
Shell Oil Company

8. Farm or Lease Name
State D-11

3. Address of Operator
P. O. Box 1509, Midland, Texas 79702

9. Well No.
1

4. Location of Well
UNIT LETTER __O__ , __1980__ FEET FROM THE __east__ LINE AND __660__ FEET FROM
THE __south__ LINE, SECTION __11__ TOWNSHIP __17S__ RANGE __33E__ NMPM.

10. Field and Pool, or Wildcat
Maljamar
Grayburg-San Andres

15. Elevation (Show whether DF, RT, GR, etc.)
4154.8 GR

12. County
Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
OTHER _____ [ ]		OTHER _____	[ ]

17. 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.

3-10-78 thru 3-11-78

1. Ran and cmt'd 111 jts 5 1/2" (4712') 14# K-55 ST&C casing.
2. Set @ 4709' and cmt'd W/1000 sx (BJ) Lite + 1/4#/sx celloflakes +350 sx Class C + 1/4#/sx Celloflakes. Circ cmt.
3. Plug down @ 4:25 p.m. 3-10-78. Float held O. K.
4. Pressure tested csg to 2000 psi.
5. WOC in excess of 24 hours.

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

SIGNED _____
J. D. D'Agostino
TITLE Senior Drilling Engineer
DATE 5-12-78

APPROVED BY
Orig. Signed by
Jerry Sexton
TITLE _____
DATE _____
CONDITIONS OF APPROVAL, IF ANY:
Distr. Supv.