היכדסוריי וו

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.			
5. Indicate Type of Le	STATE	FEE	X

ALTERING CASING

PLUG AND ABANDONMENT

P.O. Drawer DD, Artesia, NM 88210	STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	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.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL OAS WELL X WELL OTHER	N. HOBBS (G/SA) UNIT SECTION 19
2. Name of Operator	8. Well No. 141
SHELL WESTERN E & P INC. (4431 WCK)	9. Pool name or Wildcat
3. Address of Operator P.O. BOX 576, Houston, TX 77001-0576	HOBBS (G/SA)
4. Well Location Unit Letter M: 330 Feet From The South Line and 330	Feet From The West Line
	IMPM LEA County
10. Elevation (Show whether Dr., RAB, R1, GR., Ele.)	
11. Check Appropriate Box to Indicate Nature of Notice, Re NOTICE OF INTENTION TO: SUBS	port, or Other Data SEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER: OAP & AT OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

- POOH w/ prod equip.
- CO to 4247'.

work) SEE RULE 1103.

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

Spot 100 gals 15% HCl acid from 4070' up, using CIBP set @ 4100'.

PLUG AND ABANDON

CHANGE PLANS

- 4) Perf San Andres 4033' 4054' w/ 2JSPF.
- 5) AT San Andres 4033' 4054' w/ 1500 gals 15% HCl acid + 60 ball sealers, using pkr set @ 4000'.
- RIH w/ prod equip and return well to production.

I have configured that the information above is true and complete to the best of my knowledge	and belief.	36-186
W.F.N. KELLDORF	STAFF PRODUCTION	ENGINEER DATE 3/15/87
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE W.F.N. KELLDORF	* * * * *	_
TYPE OR PRINT NAME		TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

MAR 2 1 1989

CONDITIONS OF APPROVAL, IF ANY: