En

	State of New Me		Form C-103
Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural Re	sources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO P.O. Box 208		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	30-025-28886 5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	TICES AND REPORTS ON WELLOPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PER \$-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL	OTHER		N. HOBBS (G/SA) UNIT SECTION 30
2. Name of Operator SHELL WESTERN E&P I	NC.		8. Well No. 242
3. Address of Operator P. O. BOX 576, HOUS		435)	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location	OO Feet From The SOUTH	Line and 14(DO Feet From The WEST Line
Section 30	Township 18S Ra		NMPM LEA County
	3650.4' GR		
11. Check NOTICE OF IN	Appropriate Box to Indicate I TENTION TO:		eport, or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		OTHER:	OAP & ACD X
12. Describe Proposed or Completed Operwork) SEE RULE 1103.	ations (Clearly state all pertinent details, an	nd give pertinent dates, includ	ling estimated date of starting any proposed
The following operation	s were inadvertently om	itted from Sundr	ry Notice approved 2-06-89:
1-16 to 1-18-89:			
		_ , ,_ ,_ ,	40041 41141 /0 7005\

POH w/prod equip. CO to CIBP @ 4140'. Perf'd Grayburg/San Andres 4024' - 4114' (2 JSPF). Acd perfs 4024' - 4114' w/2000 gals 15% HCl + 450# rock salt. Installed prod equip & retd well to prod.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEY FON DISTRICT SUPERVISOR		JUN 2 3 198
TYPE OR PRINT NAME J. H. SMITHERMAN	(713) 870-3797	TELEPHONE NO.
SIGNATURE A Smitheman	TITLE REGULATORY SUPV.	6-20-89
I hereby certify that the information above is true and complete to the best of my kn		0ATE 6-20-89

CONDITIONS OF APPROVAL, IP ANY: