Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-28370

5. Indicate Type of Lease STATE [X] 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.)

7. Lease Name or Unit Agreement Name: STATE A

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: SHELL WESTERN E&P INC.

8. Well No. 5

3. Address of Operator: P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)

9. Pool name or Wildcat: VACUUM (GLORIETTA)

4. Well Location
Unit Letter A : 990 Feet From The NORTH Line and 660 Feet From The EAST Line

Section 31 Township 17S Range 35E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3981' DF

11. 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	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: TA'd	[X]		

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.

6-14 to 6-23-89:

POH w/prod equip. CO to 6250' (PBTD). Mld thru tight spot @ approx 3000', Set CIBP @ 5938'. Pres tstd csg to 500# for 30 min, would not hold. Isolated csg lk btw 4823' & 4855'. Dmpd 35' cmt on CIBP @ 5938'. Tagged TOC @ 5903'. Set CICR @ 4750'. Sqzd csg lk 4823'-55' w/200 SX Cls "C" cmt + .3% CF-1 followed by 200 sx Cls "C" cmt + 2% $CaCl_2$. Circ'd inhib fluid. Well is TA'd.

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

SIGNATURE J. H. Smitherman TITLE REGULATORY SUPV. DATE 8-4-89

TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 7 1989

CONDITIONS OF APPROVAL, IF ANY:

Tmspsn 11-7-89