Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I OIL CONSER	RVATIO	N DIVISION	TWDY ADVAG	
P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088			WELL API NO. 30-025-33395	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.	ELXI FEE
SUNDRY NOTICES AND REPORTS ON WELLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DIFFERENT RESERVOIR. USE "APPLICATI (FORM C-101) FOR SUCH PROPO	R PLUG BACK TO A	7. Lease Name or Unit Agreement Name STATE BG		
I. Type of Well: OIL GAS WELL WELL X OTH	Well: GAS WELL X OTHER			
2. Name of Operator		8. Well No.		
Shell Western E&P, Inc. 3. Address of Operator			1	
P. O. BOX 576 HOUSTON, TX 77001 ATTN. YVONNE T. IVERSON			9. Pool name or Wildcat NORTH VACUUM ATOKA MORROW GAS POOL	
4. Well Location Unit Letter B: 990' Feet From The	NORTH	Line and 23	10' Feet From The	EAST Line
Section SECTION 19 Township 17S Range 35E NMPM LEA County				
//////////////////////////////////////				
3984' GL ///////////////////////////////////				
			SEQUENT REPORT	
				•
PERFORM REMEDIAL WORK PLUG AND ABAND	DON L	REMEDIAL WORK	L ALTERING	CASING \square
EMPORARILY ABANDON U CHANGE PLANS U COM		COMMENCE DRILLING OPNS.		
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB X	
OTHER:		OTHER: RAN 7	* CASING	
12. Describe Proposed or Completed Operations (Clearly state all work) SEE RULE 1103.	pertinent deta	ils, and give pertinent d	ates, including estimated date of s	starting any proposed
JULY 25, 1996 RAN 287 JTS OF 7° CSG AS FOLLOWS: FS @12490.30'; 2 JTS 29# CSG; FC @12408.1'; 34 JTS 29# CSG; 26# FLAG JT @10981.19'; 33 JTS 26# CSG; DV TOOL @9508.63'; 5 JTS 26#; FLAG JT @ 9263.05'; 211 JTS 26# 32 CENT. RAN.				
CMT 1ST STAGE W/400 SX POZ +2% GEL; + PREM CMT + .6% HALAD-322 +.3% HALAD-3 BUMPED PLUG W/1500 PSI. FLOAT HELD O	44 + .1% H	R-7. DISP W/110	BBLS BRINE & 351.7 BBLS	MUD.
CMT 2ND STAGE W/710 SX PREM LT CMT + .2% CFR-3 + .8% HALAD-9. DISP W/364 B OK. NO CMT CIRC TO PIT. TOC 2700'(CA	BLS BRINE.	BUMPED PLUG & C	LOSED DV TOOL W/3300 PS	
I hereby certify that the information above is true and complete to the best of	of my knowledge	and belief.	 -	1
SIGNATURE HUMAN V. SUUSA	TITL	ELAND_REPRESE	NTATIVE DATE <u>(</u>	legust 2, 1996
TYPE OR PRINT NAME YVONNE T. IVERSON			TELEPHONE NO	D. (713)544-3226
(This space for State Use)				
OROBEAN COMMENT OF COMMENT	TITL	r	A	JG 1 ± 1996
APPROVED BY		L	DATE	