Submit 3 Copies

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

to Appropriate District Office	Energy, Minerals and Natural Resources Department			Form C-103 Revised 1-1-89		
1.0. Dox 1980, 11000\$ NM 88241-1980	OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088			5. Indicate Typ	30-025-33710	
DISTRICT III			J. Indicate Typ	STATE X	FEE 🗌	
1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & C	Gas Lease No.	
SUNDRY NOTIC	CES AND REPORTS OF	N WEL	LS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"				7 Lesse Name	or Unit Agreement Nam	
(FORM C-1	(FORM C-101) FOR SUCH PROPOSALS.)					ie
1. Type of Well: OIL GAS GAS				HOOVER 2	.0	
WELL WELL	OTHER					
2. Name of Operator Sholl Mostone FRD. Inc.				8. Well No.		
Shell Western E&P, Inc. 3. Address of Operator				1		
· -	HOUSTON TX 77001			9. Pool name or		WAC DIND
4. Well Location				LAC. ADO REE	F/E.VAC.DRNKRD/E	VAC . BLNB
Unit Letter J: 1761	Feet From The S	OUTH	Line and 225	66 Feet Fro	om The EAST	Line
Section 28	Township 17S	Do	nge 35F	W and a		
	10. Elevation (Short	w whether	er DF, RKB, RT, GR, etc.	NMPM .)	LEA VIIIIIIIIIIIII	County
11. Chack Ann	///// <u> </u>		3937			
спеск Арр	ropriate Box to Ind	icate l				
NOTICE OF IN	ENTION TO:		SUB	SEQUENT	REPORT OF	= :
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	_
TEMPORARILY ABANDON	CHANGE PLANS					L.,
PULL OR ALTER CASING	ON WIGET EARS	L	COMMENCE DRILLING		PLUG AND ABANDO	NMENT
OLE ON ALTER CASHING			CASING TEST AND CEN	MENT JOB		
OTHER:			OTHER: RUN 8-5	5/8" CSG		________\\
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertir	nent deta	ils, and give pertinent date	s, including estin	gated date of starting or	
work) SEE RULE 1103.				-, morading com	acco date of starting at	iy proposed
FEBRUARY 17 & 18, 199	97: RUN 8-5/8" CSG					
RUN 199 JTS 8-5/8" CS	G. CEMENT W/ 755 S	XS CL	C W/ ADDITIVES LEA	D 170 SXS CL	H W/ ADDITIVES	•
ZIND SLUKKI & IAIL W/	025 5X5 CL C 2% CACI	L2 PH	G DOWN W/ 23NN# PS	T DITIC LIET	D DID NOT CIN	Š
CMT. BOP SET SLIPS V PRESSURE TEST 8-5/8"	CSG TO 1500# OV	IEST	TO 3000#. RAN TEMP	SURVEY. T.	O.C. 900'.	
	030 10 1300 ₁₁ 010					
I hereby certify that the information above is true	and complete to the best of my kr	nowledge a	and belief.			
SIGNATURE		_ TITLE	CONTRACT LANDMA	ΛNI	00.07	0~
TYPE OR PRINT NAME			AMUNACI LANUM		DATE	4/
JEFE A. DE					TELEPHONE NO. 281-5	44-3226
(This space for State Use) ORIGINAL TO SE						
ESTE .	I SUVERANISON				MAR 1 1	1997
APPROVED BY		_ TITLE		·	DATE	