- Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30 028-00-00	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-1398	
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 E	
1. Type of Well:			- 	
WELL X WELL	Now: Chev	7.11		
2. Name of Operator Shell Western E&P Inc.		Su B # 869 2		
3. Address of Operator			9. Pool name or Wildcat	
F.O. Box 576 Houston, TX 77001-0576			EUNICE MONUMENT (G-SA)	
4. Well Location Unit LetterD : 6	Township 20S Ran 10. Elevation (Show whether I		NMPM LEA County	
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 L	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER: DO CIBP, PT, & SI WELL		
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.				
1-07 TO 1-11-91:				
REMNANTS TO 3760'. CIRC'D WOULD NOT HOLD. REL PKR W/TBG & TOOLS, FOUND MIDI FOR 30 MIN, HELD. (PRESSU	TO 3500'. DRLD ON CIBP @ 3500'D HOLE CLN. SET PKR @ 3710'. & RESET @ 3679'. ATTMPTD TO THE PACKING ELEMENT CUT. SET THE TEST WITNESSED BY CHEVROR DELIVERING WELL TO CHEVREXTON ON 12/11/90.	. ATTMPTD TO PT TO PT CSG, WOULD ET PKR @ 3710'. F NON.), SI WELL & R POH W/ PKr.	CSG TO 500#, NOT HOLD. POH PT CSG TO 500# EL TO CHEVRON.	

I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Affinitheman	TITLE REGULATORY SUPV.	DATE 4/03/91		
TYPE OR PRINT NAME J. H. SMITHERMAN		TELEPHONE NO. 713/870-3797		
(This space for State Use) The space of the State Use Of		DATE		
APPROVED BY	_ ппе	DATE FEET ST. T.		