Submit 3 Copies to Appropriate

11.

OTHER:

State of New Mexico Energy, Minerals and Natural Resources Department

Submit 3 Copies to Appropriate	,		sources Department	•	Form C-103 Revised 1-1-89			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DIL CONSERVATION P.O. Box 20				38				
DISTRICT II Santa Fe, New Mexic P.O. Drawer DD, Artesia, NM 88210					5. Indicate Type of L	ease STATE	· FEE [X]	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410					6. State Oil & Gas Le			
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 COOPER B			
I. Type of Well OIL WELL XX	GAS WELL	on	HER					
2. Name of Ope		·			8. Well No.	•		
SHELL WESTERN E&P INC. 3. Address of Operator (100)					9. Pool name or Wildcat			
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435) 4. Well Location					EUNICE-MONUMENT			
Unit Le	F 1986	Feet From The	NORTH	Line and 660	Feet From Tr	e WEST	Line	
Esstina	4	Township 20	S Rat	_{oge} 37E	NMPM LEA		County	
Section		10. Elevation		DF, RKB, RT, GR, esc.) 4 ' DF	. [
//////////////////////////////////////	//////////////////////////////////////	Appropriate Box		Nature of Notice, R	Report, or Other D	22222222222222222222222222222222222222		
	NOTICE OF INT			SUE	SEQUENT RE	PORT OF:		
ERFORM REM	EDIAL WORK	PLUG AND ABA	NDON	REMEDIAL WORK	AL	TERING CASING	g 🗌	
EMPORARILY ABANDON CHANGE PLANS				COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
				CASING TEST AND C	AND CEMENT JOB			
OTHER:		***		OTHER: ACI	D TREATMENT .		X	
12 Describe Proj work) SEE F	cosed or Completed Operat CULE 1103.	ions (Clearly state all pe	rtinent details, an	d give pertinent dates, incli	uding estimated date of st	aning any propose	d	
11-17-86 DUMPED 10	00 GAL 15% NE	ACID DOWN CSG	. FLUSHED	WITH 75 BBLS	2% KCL NE. RET	D TO PRODU	ICTION.	
				·	•			
I hereby certify th	at the information above is true	and complete to the best of	my knowledge and	belief.		MAY	0 5 1989	
SIGNATURE	A Amil			PROD. ADMIN	. ADVISOR	_ DATE	0 0 1303	
TYPE OR PRINT N	ME J. H. SMIT	HERMAN		(7	13) 870-3797	TELEPHONE NO.		
							4000	

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TYPE OR PRINT NAME 9 1989 (This space for State Use) CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 8 1989

OCD HOBBS **OFFICE**