Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CONDITIONS OF APPROVAL, IF ANY:

OIL CONCEDUATION DIVISION -

ELL API NO.		

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		WELL API NO. 30-025-06758		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X	FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.		
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED	ICES AND REPORTS ON WELL DPOSALS TO DRILL OR TO DEEPEN (RVOIR. USE "APPLICATION FOR PER -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement N	iame	
1. Type of Well: OIL GAS WELL X	OTHER WATER	SOURCE			
2. Name of Operator			8. Well No.		
Shell Western E&P Inc.			16		
3. Address of Operator (WCK 44-35)		9. Pool name or Wildcat			
P.O. Box 576 Houston, T)	(77001-0576	<u> </u>	HARE-SAN ANDRES		
4. Well Location Unit LetterM :3	30 Feet From The SOUTH	Line and	660 Feet From The WES	ST Line	
Section 22	Township 21S Ran	nge 37E	NMPM LEA	County	
Section 22	10. Elevation (Show whether I				
11. Check	Appropriate Box to Indicate I	Nature of Notice, F	Report, or Other Data		
				SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CA	sing	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND AB	ANDONMENT [
PULL OR ALTER CASING		CASING TEST AND C			
OTHER:		OTHER: CO	& ACD		
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent details, as	nd give pertinent dates, inc	luding estimated date of starting any pro	pased	
7-31 TO 8-14-91:					
SCALE, COULD NOT. TAG @ 3 FROM 4280' TO 4300', FELL ON SCALE FROM 4616' TO 46	3970' W/SCRPR, TAG SCALE. 3993'. DRLD ON SCALE TO 402 FREE. DRLD ON SCALE FROM 559', FELL FREE TO 5050'. R AL 15% NEFE HCL + 16,000# R	23', FELL FREE. I 4500' TO 4515', AN BHP SURVEY. /	FELL FREE. DRLD ACD SA PERFS		
I hereby certify that the information above is	true and complete to the best of my knowledge an	d belief.		· · · · · · · · · · · · · · · · · · ·	
SIGNATURE Affaithe	пи-	REGULATORY	SUPV. DATE	9/27/91	
TYPE OR PRINT NAME J. H. SMITH	IERMAN		TELEPHONE	NO. 713/870-379	
(This space for State Use)	CARY SEXTON				
APPROVED BY	Т	muz	DATE		