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.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
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 Shahan 33
1. Type of Well: OIL GAS WELL WELL X OTHER	
2. Name of Operator Lewis B. Burleson, Inc.	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 2479 Midland, Texas 79702	Langlie-Mattix
4. Well Location Unit Letter G: 1980 Feet From The North Line and 10	650 Feet From The East Line
	E _{NMPM} Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice,	-
NOTICE OF INTENTION TO:	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI	NG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB
OTHER: Squ	eeze off Jalmat XX
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, in work) SEE RULE 1103. 11/1/89 Squeeze Jalmat perfs from 2512-2580 with 200 sx Class Class Drilled out cement to 2590, tested Jalmat, interval 11/27/89 RIH w/11 jts. 4½ 9.5# liner with shoe set assembly 11/28/89 Cement w/50 sx class C 50/50 pos 11/29/89 Circ hole clean to 3080 11/30/89 Perfed 3034-3042 (5 holes) Acidize with 2000 gallo	ass C to 900 psi 1 held 200# no bleed off to 3112-top of liner @2708
flowing 150 mcfpd	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SKINATURE	ident date 5/21/90 Telephone no. 915/683-47
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SKONATURE	ident DATE 5/21/90