Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

ţ

Form C-103 Revised 1-1-89

Keyised 1-1-09
WELL API NO. 30 • 025 • 06375
5. Indicate Type of Lease
STATE X FEE
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name
NORTHEAST DRINKARD UNIT
MONTHEST BRINGARD UNIT
8. Well No.
315
9. Pool name or Wildcat NORTH EUNICE BLINEBRY-TUBB-DRINKARD
THORTH CONTCE BETNEBRY-TUBB-DRINKARD
80 Feet From The West Line
NMPM LEA County
Report, or Other Data
SEQUENT REPORT OF:
L ALTERING CASING L
OPNS. L PLUG AND ABANDONMENT L
MENT JOB
DECTION DATA X
tes, including estimated date of starting any proposed
DATE12/05/96
TELEPHONE NO. 713/544-4219
DATE

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 310 Old Santa Fe Trail, Room 206				WELL API NO.	3	0-025-06375	
	Santa Fe, New	w Mexico 87503		5. Indicate Type	of Lease		
				FED		X FEE	
	,			6. State Oil & G			Ll.
CLDIDDY NOTE	CEC AND DEPORTS ON WE	TIC					
(DO NOT USE THIS FORM FOR PROI	CES AND REPORTS ON WE		CK TO A	7. Lease Name o	or Unit Agreeme	nt Name	
	OIR. USE "APPLICATION FOR PE		CKIOA	7. Lease Name (n ome ngreeme	iit i vaiiio	
(FORM C	-101 FOR SUCH PROPOSALS.)			NORT	HEAST DRIN	KARD UN	Π
1. Type of Well: Oil Well	Gas Well Other Wa	ater Injector					
2. Name of Operator	Gas wen Guier VV	iter injector		8. Well No.			
SHELL WESTERN E&P INC.					315W		
3. Address of Operator P. O. BOX 1950, HOBBS, NM	88240 505/39:	3-0325		9. Pool name or N. EUNICE B		BB-DRINK	CARD
4. Well Location Unit Letter S: 1980	Feet From The South	Line and	1880 Feet	From The	West	Line	
Section 2	Township 21 SC	OUTH Ran	nge 37	EAST NMPN	1	LEA Cou	unty
	10. Elevation (Show whether DF, RI	KB, RT GR, etc.)	3490 [GR]				
11. Check	Appropriate Box to Indicate N	lature of Not	ice, Report,	or Other Data			
NOTICE OF INTE	NTION TO:		SUBS	SEQUENT RE	PORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL V	VORK		ALTERING C	ASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE	DRILLING OP	NS.	PLUG & ABA	ANDONMEN	П 🗀
PULL OR ALTER CASING		CASING TEST	T AND CEMEN	т јов 🔲			
OTHER: Convert to Injection (NMO	CD R-8541)	OTHER:	<u>. </u>				[
12. Describe Proposed or Completed Operatio work) SEE RULE 1103.	ns (Clearly state all pertinent details, c	and give pertine	nt dates, includi	ng estimated date	of starting any p	proposed	
 Rig up Pulling Unit. Install BOP. 0 Test Csg to 500psig. Run GR/N/C0 Evaluate log and pick bMark thru 1 P O H w/ treating equipment & R I Load annulus w/ inhibited fluid & nother the well file. R D P U. Install control equipment. Begin water injection. 	CL from 6340. B4 perfs, shoot the depths selected H w/ injection Packer.	d and stimulat			he NMOCD a	nd place a c	opy in
I hereby certify that the information above is t	rue and complete to the best of my kno	wledge and belie	ef.				
SIGNATURE C. L.M	ann	TITLE F	PRODUCTION	N FOREMAN	DATE	08/0	7/95
TYPE OR PRINT NAME C. L. MANN	I			TEI	EPHONE NO.	505/393-0)209
(This space for State Use)						us 65	
APPROVED BY	SEXTON TITLE				DATE A	AUS 68	L35
CONDITIONS OF APPROVAL IF ANY:	ENVISOR .						

40 100 100 h

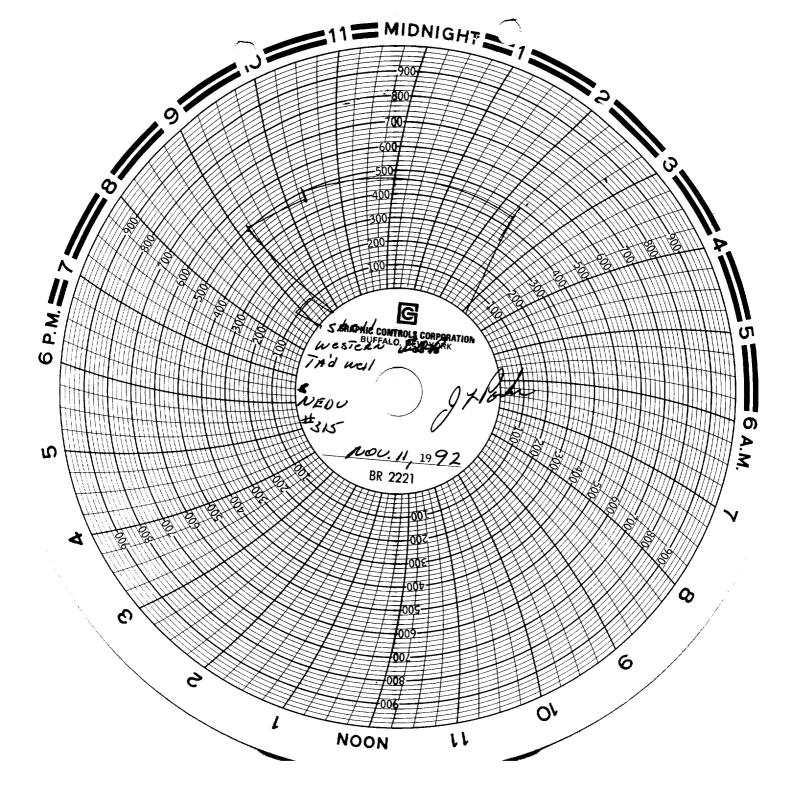
RECEIVED

AUG U 7 1995 OFFICE OFFICE

State of New Mexico

Appropriate Energy, Minerals and Natural Resources Department istrict Office		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 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		5. Indicate Type of Lease	
		STATE X FEE	
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 NORTHEAST DRINKARD UNIT	
1. Type of Well: OLL GAS WELL X WELL	OTHER		
2. Name of Operator Shell Western E&P Inc.			8. Well No. 315
3. Address of Operator			9. Pool name or Wildcat
P.O. Box 576 Houston,	TX 77001-0576		N. EUNICE BLINEBURY-TUBB-DRINKARD
4. Well Location Unit LetterS :1		Line and	1880 Feet From The WEST Line
Section 2	Township 21S 10. Elevation (Show whe 3490' GR	Range 37E ther DF, RKB, RT, GR, etc.)	NMPM LEA County
	k Appropriate Box to Indica	_	Report, or Other Data SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	_	CASING TEST AND C	EMENT JOB
OTHER:	L	OTHER: RETSTD	CSG (FOR EXTENSION OF TA STATUS) X
work) SEE RULE 1103. RETSTD CSG TO 500# FOR 3	O MIN, HELD. (CHART ATTAC IS OF NMOCD RULE 203, SHE	CHED) ELL WESTERN HEREBY	uding estimated date of starting any proposed REQUESTS AN EXTENSION OF

I hereby certify that the information above is true and complete to the best of my knowle	•	
SIGNATURE JAMES MARCHAN LANGET	TECH. MANAGER - ENVIR. ENG.	DATE
TYPE OR PRINT HASE W. F. N. KELLDORF		TELEPHONE NO. 713/870-3797
(This space for State Use) RIGINAL SIGNED BY JERRY SEXTON		NBV 24:92
機能ではGP 1 SUP能RVISOR APPROVED BY	— тие	— DATE ————
CONDITIONS OF APPROVAL, IF ANY:	This Approval of Temporary Abandonment Expires	//- 17-25
	· Andrewson	and the state of t



RECEIVED
(10V 8, 01992
OCD HOSES OFFICE