

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-935
7. Lease Name or Unit Agreement Name NORTHEAST DRINKARD UNIT
8. Well No. 502
9. Pool name or Wildcat NORTH EUNICE BLINEBRY-TUBB- DRINKARD OIL & GAS

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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	2. Name of Operator SHELL WESTERN E&P INC.
3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	4. Well Location Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 10 Township 21S Range 37E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3476' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER: Cmt sqz, OAP & Acdz ☒	SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOB ☐ OTHER: ☐

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. POH w/prod equip.
2. CO to 6659' (PBTD).
3. Set CIBP @ 5704' and pkr @ 5650'.
4. Sqz Blinebry perfs 5685'-95' w/25 sx Cls "C" cmt + 0.3% CF-1 followed by 25 sx Cls "C" cmt + 2% CaCl₂. Rel pkr & POH.
5. DO cmt to CIBP @ 5704'. Pres tst sqz to 300#. Cont drlg thru CIBP & push to btm.
6. Perf Blinebry/Tubb/Drinkard 5935'-6540' (2 JSFF).
7. Acdz Blinebry/Tubb/Drinkard 5710'-6658' w/10,080 gals 15% NEFE HCl + 750# rock salt.
8. Install prod equip & ret well to prod.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. H. Smitherman TITLE REGULATORY SUPV. DATE 12-4-89
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

DEC 08 1989