

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30-025-06513

5. Indicate Type of Lease
 FEDERAL STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

NORTHEAST DRINKARD UNIT

8. Well No. 307

9. Pool name or Wildcat
N. EUNICE BLINEBRY-TUBB-DRINKARD

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 INJECTOR

2. Name of Operator
SHELL WESTERN E&P INC.

3. Address of Operator
P. O. BOX 576, WCK 5239, HOUSTON, TX 77001-0576

4. Well Location
 Unit Letter W : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line
 Section 3 Township 21S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3423 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>INJ PROFILE CORRECTION</u> <input checked="" type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.

- TOH WITH INJ. EQUIPMENT.
- SQUEEZE PERFS (6000-6138") WITH 350 SXS OF CLASS C CEMENT..
- DRILL OUT. PERFORATE AT 5720-5750.
- ACID TREAT NEW PERFS WITH 1900 GALS OF 20% HCL
- ACID TREAT PERFS (6485-6663") WITH 5000 GALS OF 20% HCL
- RUN INJ. EQUIPMENT, RUN MIT.

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

SIGNATURE C. L. Mann TITLE PRODUCTION FOREMAN DATE 4/12/95
 TYPE OR PRINT NAME C. L. MANN TELEPHONE NO. 505/393-0209

(This space for State Use)

APPROVED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE APR 18 1995

CONDITIONS OF APPROVAL IF ANY:

Handwritten initials and date

APR 15 1986

RECEIVED

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RECEIVED