

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

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

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

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

WELL API NO.	30-025-06344
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name NORTHEAST DRINKARD UNIT	
8. Well No.	114W
9. Pool name or Wildcat	NORTH 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injector	
2. Name of Operator Shell Western E&P, Inc.	
3. Address of Operator P.O. Box 576, Houston, TX 77001 Shirley Galik - 5239 WCK	
4. Well Location Unit Letter D : 906' Feet From The North Line and 660' Feet From The West Line Section 2 Township 21S Range 37E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3509' KB	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Set Isolation Pkr ☒

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.

8/31/95 To 8/31/95

Isolation Pkr lowered in well. Top Pkr set @ 5597' and Bot Pkr set @ 5758'.
Tst csg to 500 PSI for 30 min. (Chart attached).
Return well to Injector.

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

SIGNATURE Shirley Galik TITLE MGR - Reg. & Permitting DATE 11-08-95
TYPE OR PRINT NAME For: G. S. Nady TELEPHONE NO. 713/544-4219

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 16 1995
CONDITIONS OF APPROVAL, IF ANY:

