Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

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 P.O. Box 208	38	WELL API NO. 30-025-06490
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	410		6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR P DIFFERENT RE	OTICES AND REPORTS ON WELL ROPOSALS TO DRILL OR TO DEEPEN OR SERVOIR. USE "APPLICATION FOR PERM RM C-101) FOR SUCH PROPOSALS.)	PLUG BACK TO A	7. Lease Name or Unit Agreement Name NORTHEAST DRINKARD UNIT
1. Type of Well: OIL GAS WELL X WELL	. OTHER		
2. Name of Operator Shell Western E&P Inc.			8. Well No. 314
3. Address of Operator P.O. Box 576, Houston,	TX 77001 (WCK 5237)	,	9. Pool name or Wildcat N. EUNICE BLINEBRY-TUBB-DRINKARD
4. Well Location Unit Letter U : 9	90 Feet From The WEST	Line and 990	Feet From The SOUTH Line
Section 2	Township 21S Ra 10. Elevation (Show wheth	nge 37E ner DF, RKB, RT, GR, e	NMPM LEA County
	Appropriate Box to Indicate	1	-
NOTICE OF	FINTENTION TO:	SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON L	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING L		CASING TEST AND CE	<u></u>
OTHER:		OTHER:C	0 & ACD X
work) SEE RULE 1103. 6-29 TO 7-05-94: POH W/PROD EQMT. FOUN SCALE TO 5790'. CO TO 5	D HEAVY SCALE ON TBG. TAG SC. 910'. PU TBG TO 5800'. ACD OH BG. POH W/TBG. INST PROD EQM	ALE @ \$690' W/BIT 1 5812' ← 5910' BY	nt dates, including estimated date of starting any property of the starting and property of the starting any property of the starting and starting any property of the starting and
I hereby certify that the information above	ve is true and complete to the best of my knowledge		2/22/05
SIGNATURE	us hunder to	LE MGR - ASSET AD	DATE 2/23/95
TYPE OR PRINT NAME G. S. NADY	,		TELEPHONE NO. 713/544-3797
(This space for State Use)	NGINAL SIGNED BY JERRY SEXTON	Ι.	1993 6 1 1335
APPROVED BY	тп	LE	DATE
(This space for State Use)	MAY SEXSON		
APPROVED BY		TILE	DATE

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSEDUATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 P.O. Box	2088	WELL API NO. 30-025-06490			
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No. B-9745			
SUNDRY NOTICES AND REPORTS ON	WELLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE DIFFERENT RESERVOIR. USE "APPLICATION FOR	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name			
(FORM C-101) FOR SUCH PROPOSALS.)	NORTHEAST DRINKARD UNIT				
1. Type of Well: OR. OAS WELL X WELL OTHER					
2. Name of Operator		8. Well No.			
Shell Western E&P Inc.		9. Pool name or Wildcat			
3. Address of Operator P.O. Box 576 Houston, TX 77001-0576	4435)	N. EUNICE BLINEBRY-TUBB-DRNKRD			
4. Well Location		14. EUNICE BLINESK (- 1088-DRINKAD			
Unit Letter U : 990 Feet From The WEST	Line and	990 Feet From The SOUTH Line			
Section 2 Township 21S	Range 37E	NMPM LEA County			
10. Elevation (Show what 3471' GR	ether DF, RKB, RT, GR, etc.)				
11. Check Appropriate Box to Indic	ate Nature of Notice, R	Report, or Other Data			
NOTICE OF INTENTION TO:		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 L			
OTHER:	OTHER:				
12. Describe Proposed or Completed Operations (Clearly state all pertinent detawork) SEE RULE 1103.	ails, and give pertinent dates, incl	uding estimated date of starting any proposed			
THIS IS CHANGE OF PLANS TO THAT WHICH WAS PREVIOUSLY APPROVED VIA FORM C-103 ON 2/27/90.					
1. POH W/PROD EQUIP.					
2. CO TO TD @ 5910'.					
3. PERF BLINEBRY 5777' - 5800' (2 SPF). 4. ACDZ BLINEBRY PERFS 5654' - 5800' & OH (5812' - 5910') W/5754 GALS (137 BBLS)					
4. ACDZ BLINEBRY PERFS 5654 - 5800 & OH (5812 - 5910) W/5/54 GALS (13/ BBLS) 15% NEFE HCL + 500# ROCK SALT.					
5. INST 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 ATT Milliaman	TITLE REGULATORY S	SUPV. DATE 5/14/91			
TYPE OR PRINT NAME J. H. SMITHERMAN		TELEPHONE NO. 713/870-37			
TYPEORPHININAME O. II. OMITTELIMINA					

Paris, Bay (This space for State Use) (ORIGINAL LICE) - TILE -APTROVED BY-

CONDITIONS OF AFFROVAL, IF ANY:

	—				
	State of New Mexi	ico	Form C-103		
Submit 3 Copies	Energy, Minerals and Natural Reso	ources Department	Revised 1-1-89		
to Appropriate					
District Office	OT CONSERVATION	NOISIVISION	WELL API NO.		
DISTRICT! OIL CONSERVATION DIVISION		(DITIES	30-025-06490		
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088				
DISTRICT.II Santa Fe, New Mexico 87504-20		1304-2000	5. Indicate Type of Lease		
P.O. Drawer DD, Artesia, NM 88210			STATE X FEE		
DISTRICT III			6. State Oil & Gas Lease No.		
1000 Rio Brazos Rd., Aztec, NM 87410			B-9745		
		<u> </u>			
SUNDRY NO	TICES AND REPORTS ON WELL	LO NO DUTIC BACK TO A	7. Lease Name or Unit Agreement Name		
			1. Lease Name of Omit Agreement value		
	ERVOIR. USE "APPLICATION FOR PERI C-101) FOR SUCH PROPOSALS.)				
(FORM	C-101) FOR SOCITIFIES SELECT		1		
1. Type of Well:			NORTHEAST DRINKARD UNIT		
OIL WELL GAS	. OTHER				
2. Name of Operator			8. Well No. 314		
SHELL WESTERN E&P	INC.				
3. Address of Operator		_	9 NORTH EUNICE BLINEBRY-TUBB-		
3. Address of Operator	STON TX 77001 (WCK 44	135)	DRINKARD OIL & GAS		
P. O. BOX 576, HOU	510K3 1K 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
4. Well Location	990 Feet From The WEST	Line and	990 Feet From The SOUTH Line		
Unit Letter :	990 Feet From The WEST		-		
1	016	275	NMPM LEA County		
Section 2	Township 21S Ran 7////////////////////////////////////	nge 37E	<u> </u>		
)[[10LD])[1] 0.1(-1-5)	· · · · · · · · · · · · · · · · · · ·		
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	////// 3471' GR		Other Data		
Chec	k Appropriate Box to Indicate N	Vature of Notice, I	teport, or Other Data		
11.	NITENTION TO	SUE	BSEQUENT REPORT OF:		
NOTICE OF I	NTENTION TO:				
THE WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
PERFORM REMEDIAL WORK			IG OPNS. PLUG AND ABANDONMENT		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN			IG OPNS. L. PLOG AND ADMINDS		
CASING TEST AND CEMENT JOB			SEMENT JOB		
PULL OR ALTER CASING	_	CASING TEST AND			
C 1. ca-	€ Ardz	OTHER:			
OTHER: Cm+ sqz & Acdz OTHER:					
	mortions (Clearly state all pertinent details, as	nd give pertinent dates, inc	luding estimated date of starting any proposed		
work) SEE RULE 1103. 1. POH w/prod equi	in Tag btm.				
1. POH WIP OU ENGIN	F,				
2. CO to TD (5910'	0 5600		AN III COSY		
3 Set CIBP @ 5780' & PKr @ 3600.					
2. CO to TD (5910'). 3. Set CIBP @ 5780' & pKr @ 5600'. 4. SZ Blinebry perfs 5654'-5759' W/75 SX CIS "C" cmt + .3% CF-1 followed by 50 SX					
4. SZ DIMEORY PUTS 360 CaClz. Rel pKr & POH. CIS "C" cmt + 2% CaClz. Rel pKr & POH.					
Cls "C" cmt + 296 Cac12. NCI PT. 5. Do cmt to CIBP @ 5780'. PT sqz to 300#.					
Γ DO cont to / LD	$SP(\omega_2S(OO)) = SP(\omega_2S(OO))$				
6. KO CIBP & PU	sh to btm.	1. 1. 7t	v c=1±		
7 1 - Blingbry Ot	1 W/2100 gals 15% NEFE H	161 + 150 re	XX Salt.		
6. KO CIBP & push to btm. 7. Acdz Blinebry OH w/2100 gals 15% NEFE HCI + 750# rack salt. 8. Install prad equip & ret to prad.					
B. Install prod equ	in the last				
•					
The har contifue that the information above	e is true and complete to the best of my knowledge m	nd belief.			
and and	nithemen.	REGULATORY	SUPV. DATE 2-23-90		
1/11/1	nottlemen.	IIILE			

I hereby certify that the information above is true and complete to the best of my knowledge and I	REGULATORY SUPV. DATE 2-23-90
V-	(713) 870-3797 TELEPHONE NO.
TYPE OR PRINT NAME . J. H. SMITHERMAN	EED 0 7 4000
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON ORIGINAL SIGNED BY JERRY SEXTON	FEB 2 7 1990
ORIGINAL SIGNED BY JUNE OF DISTRICT I SUPPERVISOR	LE DATE

CONDITIONS OF APPROVAL, IF ANY: