

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NM-2512

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NORTHEAST DRINKARD UNIT

8. Well Name and No.

308

9. API Well No.

30-025-06494

10. Field and Pool or Exploratory Area

NORTH LUNCE BLINEBRY-TUBB-
DRINKARD OIL & GAS

11. County or Parish, State

LEA, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

SHELL WESTERN E&P INC.

3. Address and Telephone No.

P. O. BOX 576 (WCK 4435), HOUSTON, TX 77001 TEL: (713) 870-3797

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL & 660' FEL
SEC. 3, T21S, R37E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- CO to PBTD @ $\pm 6748'$.
- Set CIBP @ $\pm 6500'$ & cap w/35' cmt.
- PT csg to 300#.
- Circ inhib wtr & TA well.

RECEIVED
JUN 11 10 39 AM '90
CARL AREA

ACCEPTED FOR FILING

JUN 11 1990

UNITED STATES DEPARTMENT OF THE INTERIOR

14. I hereby certify that the foregoing is true and correct

Signature J. H. SMITHERMAN Title REGULATORY SUPV.

Date 6-8-90

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date 6 14 90

STP

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JUN 22 1990
OCC
HOBBS OFFICE