

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.

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.)

7. Lease Name or Unit Agreement Name

NORTHEAST DRINKARD UNIT

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Shell Western E&P Inc.

8. Well No.

606

3. Address of Operator

P.O. Box 576 Houston, TX 77001-0576

(WCK 4435)

9. Pool name or Wildcat

N. EUNICE BLINEBRY-TUBB-DRNKRD

4. Well Location

Unit Letter F : 3375 Feet From The SOUTH Line and 3225 Feet From The EAST Line

Section 15 Township 21S Range 37E NMPM LEA County

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

3775' GR

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: ☐

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. NOTIFY NMOCD AT LEAST 24 HRS PRIOR TO RU.
2. POH W/PROD EQMT.
3. CO TO PBTD @ +/-6815'.
4. SET CIBP @ +/-6450' & CAP W/35' CMT.
5. SET CIBP @ +/-5540' & CAP W/35' CMT.
6. SET CIBP @ +/-4025' & CAP W/35' CMT.
7. PT CSG TO 500# FOR 30 MIN.
8. CIRC INHIB WTR.
9. SECURE WELL FOR TA STATUS.

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 8/30/91

TYPE OR PRINT NAME J. H. SMITHERMAN

TELEPHONE NO. 713/870-3797

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 03 1991

HONOLULU