

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. B-1481
7. Lease Name or Unit Agreement Name NORTHEAST DRINKARD UNIT
8. Well No. 604
9. Pool name of Well NORTH LEONE BLINEBRY-TUBB- DRINKARD OIL & GAS

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 ☐	2. Name of Operator SHELL WESTERN E&P INC.
3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	4. Well Location Unit Letter E : 2310 Feet From The NORTH Line and 990 Feet From The WEST Line Section 15 Township 21S Range 37E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3446' 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: DO CIBP, Log, OAP & Acdz ☒

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. POH w/prod equip.
2. DO cmt-capped CIBP @ 5953' & tag btm @ 7990'.
3. Set CIBP @ 6800'.
4. Run GR/CBL/CCL from 6800' to 200' above TOC. Remedial cmt'g probable.
5. Run GR/CNL/CCL from 6800' to 5400'.
6. Perf Blinebry/Tubb/Drinkard @ depths based on log eval.
7. Acdz perms w/treatment sch determined after log eval.
8. Install prod equip & ret to prod.

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 10-4-89

TYPE OR PRINT NAME

J. H. SMITHERMAN

(713) 870-3797

TELEPHONE NO.

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

OCT 9 1989

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: