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State of New Mexico Form C-103 En y, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-06755 Santa Fe, New Mexico 87504-2088 **DISTRICT II** 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: NORTHEAST DRINKARD UNIT GAS WELL WELL X 8. Well No. 2. Name of Operator 905 SHELL WESTERN E&P INC 9. Pool name or Wildcat Address of Operator N. EUNICE BLINEBRY-TUBB-DRINKARD O. BOX 576, HOUSTON, TX 77001 (WCK 5237) Well Location 1685__ Feet From The WEST SOUTH 880 Feet From The __ Line and Line Unit Letter _ LEA thip 21S Range 37E

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 37E **NMPM** County 22 Township 3420' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** ACID DUMP OTHER: 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. 2-10-94: Dmpd 500 gal Pental + 250 gal 20% HCl NEFE followed by 500 gal 28% HCl NEFE. Flshd w/114 bbls 9# brine. Left well SI 1 hr. RTP.

(This space for State Use)	Orig. Signed by, Paul Kautz Geologist	APR 1 9 1994
TYPE OR PRINT NAME A. J. DURRANI	(713) 544-3797	TELEPHONE NO.
I hereby certify that the information above is true and complete to the best of my known	TECH. MGR ASSET ADMIN.	DATE 4/14/94

CONDITIONS OF APPROVAL, IF ANY: