

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 88241-1980

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.	30-025-06485
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Northeast Drinkard Unit
8. Well No.	217
9. Pool name or Wildcat	North Eunice Blinebry-Tubb-Drinkard

**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 S.A. Galik - 5239 WCK

4. Well Location  
Unit Letter K : 2886' Feet From The North Line and 2303' Feet From The West Line  
Section 2 Township 21S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3508' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Acidize</u> <input checked="" type="checkbox"/>

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.

6/9/95 To 6/19/95

POH w/prod equip. CO to 5952'. Circ hole clean. RIH w/Pkr and set @ 5790' - had well communication. Reset Pkr to 5599'. AT perfs (5721-5722, 5816-5952 OH) w/6300 gal 20% HCL and rock salt as divert. Rel Pkr and POH. Tag 50' rock salt, CO to PBTD. Install Prod Equip and RTP.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Shirley A. Galik TITLE Mgr. Reg. & Permitting DATE 8-30-95

TYPE OR PRINT NAME For: G.S. Nady TELEPHONE NO. 713/544-4219

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SEP 7 1995

CONDITIONS OF APPROVAL, IF ANY:

District I  
 PO Box 1980, Hobbs, NM 88241-1980  
 District II  
 PO Drawer DD, Artesia, NM 88211-0719  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
 Er. , Minerals & Natural Resources Department

Form C-104  
 Revised February 10, 1994  
 Instructions on back  
 Submit to Appropriate District Office  
 5 Copies

**OIL CONSERVATION DIVISION**  
**P.O. Box 2088**  
**Santa Fe, NM 87504-2088**

AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address Shell Western E&P Inc. P.O. Box 576 Houston, TX 77001		<sup>2</sup> OGRID Number 020676
<sup>4</sup> API Number 30-025-06485		<sup>3</sup> Reason for Filing Code CO
<sup>5</sup> Pool Name EUNICE BLINEBRY-TUBB-DRINKARD-NORTH	<sup>6</sup> Pool Code 22900	
<sup>7</sup> Property Code 010115	<sup>8</sup> Property Name NORTHEAST DRINKARD UNIT	<sup>9</sup> Well Number 217

**II. <sup>10</sup> Surface Location**

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<i>OK</i>	2	21S	37E	11	2886'	NORTH	2303'	WEST	LEA

**<sup>11</sup> Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<sup>12</sup> Lse Code S	<sup>13</sup> Producing Method Code P		<sup>14</sup> Gas Connection Date 11/3/54		<sup>15</sup> C-129 Permit Number N/A		<sup>16</sup> C-129 Effective Date N/A		<sup>17</sup> C-129 Expiration Date N/A

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
007440*	EOTT Energy Pipeline LP P. O. Box 4666 Houston, TX 77210-4666	2264710	O	A, SEC. 02, T21S, R37E NEDU CENTRAL BATTERY
*THIS OGRID NO. VALID FROM 11/1/93 TO 4/1/94. AFTER 4/1/94, USE OGRID NO. 037480.				

**IV. Produced Water**

<sup>23</sup> POD 2264750	<sup>24</sup> POD ULSTR Location and Description A, SEC. 02, T21S, R37E
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**V. Well Completion Data**

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTB	<sup>29</sup> Perforations
<sup>30</sup> Hole Sie	<sup>31</sup> Casing & Tubing Size	<sup>32</sup> Depth Set	<sup>33</sup> Sacks Cement	

**VI. Well Test Data**

<sup>34</sup> Date New Oil	<sup>35</sup> Gas Delivery Date	<sup>36</sup> Test Date	<sup>37</sup> Test Length	<sup>38</sup> Tbg. Pressure	<sup>39</sup> Csg. Pressure
<sup>40</sup> Choke Size	<sup>41</sup> Oil	<sup>42</sup> Water	<sup>43</sup> Gas	<sup>44</sup> AOF	<sup>45</sup> Test Method

<sup>46</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Shirley A. Nady</i>		<b>OIL CONSERVATION DIVISION</b>	
Printed name: G.S. Nady		Approved by: <b>ORIGINAL SIGNED BY JERRY SEXTON</b>	
Title: Manager Land/Asset Administration		Title: <b>DISTRICT I SUPERVISOR</b>	
Date: February 28, 1995		Approval Date: <b>MAR 17 1995</b>	
Phone: (713)-544-4219			

<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

EOTT Oil Pipeline Company			
Previous Operator Signature	Printed Name	Title	Date

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1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1732
7. Lease Name or Unit Agreement Name NORTHEAST DRINKARD UNIT
8. Well No. 217
9. Pool name or Wildcat NORTH LUNICE 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> 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 <u>K</u> : <u>2886</u> Feet From The <u>NORTH</u> Line and <u>2303</u> Feet From The <u>WEST</u> Line Section <u>2</u> Township <u>21S</u> Range <u>37E</u> NMPM LEA County
--

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3508' DF
--

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>
SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>Acid; ret'd to prod</u> <input checked="" type="checkbox"/>

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.  
9-01 to 9-06-89:  
POH w/prod equip. CO to 5932' (tagged fill). Acid Blinebry OH 5816' - 5932'  
w/4200 gals 15% HCl + 1200# rock salt. Installed prod equip & ret'd 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 10-20-89  
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 24 1989  
DATE

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: