Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office | - | | |
|--|---|--|---|
| DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 | OIL CONSERVATIO | | WELL API NO. |
| DISTRICT II | F.O. BOX 2006 | | 30-025-06340 |
| P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, New Mexico 87504-2088 Artesia, NM 88210 | | 5. Indicate Type of Lease STATE X FEE |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 6. State Oil & Gas Lease No. |
| CUNIDDY NOTICES AND DEDODES ON WELLS | | B-11613 | |
| 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 | |
| I. Type of Well: | | | INSTITUTES DICTIONAL OUT |
| ÖÎL GAS WELL ☐ | OTHER \ | Nater Injector | |
| 2. Name of Operator | | | 8. Well No. |
| Shell Western E&P, Inc. | | 115# | |
| 3. Address of Operator | | | 9. Pool name or Wildcat |
| P.O. Box 576, Houston, 1 | X 77001 Shirley Galik | c - 5239 WCK | NORTH EUNICE BLINEBRY-TUBB-DRINKARD |
| Unit Letter E : 5940' | Feet From The South | Line and66 | 0' Feet From The West Line |
| | Tamaskia 910 Da | 27E | NMPM LEA County |
| Section 2 | Township 215 Ra | nge <u>37E</u> er DF, RKB, RT, GR, etc | |
| | | 3495' DF | <u> </u> |
| 11. Check Apr | propriate Box to Indicate | Nature of Notice, | Report, or Other Data |
| NOTICE OF IN | • | 1 | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ☐ ALTERING CASING ☐ |
| | | | |
| TEMPORARILY ABANDON | | | |
| PULL OR ALTER CASING LJ | | | - |
| OTHER: | | OTHER: | Acidize, Drinkard Injector X |
| work) SEE RULE 1103. 7/05/95 To 7/18/95 POOH w/Inj Eqmt. Ri | [H w/RBP and Pkr. Set RBP | @ 5780'. Test | |
| Test csg to 500 PSI Rel Pkrs and POH. | Held ok. Rel Pkr. Set RIH with Guiberson Isolat t csg to 500 PSI for 30 min | Guiberson Iso Pki ion Pkrs. Set Bo | t Pkr @ 6602 and |
| I hereby certify that the information above is not signature with the information above is not signature. TYPE OR PRINT NAME For: | Malib | | Permitting DATE <u>8-30-95</u> TELEPHONE NO. 713/544-4219 |
| (This space for State Use) | | | 45.77 |
| (anis space for state ose) | とも、大道神野 Company | | SIP 7 135 |
| | TIT | I E | DATE |

