

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

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30-025-02634L

5. Indicate Type of Lease

FED ☐

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-11613

7. Lease Name or Unit Agreement Name

NORTHEAST DRINKARD UNIT

8. Well No.

115X

9. Pool name or Wildcat

N. 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

WATER INJECTOR

2. Name of Operator

SHELL WESTERN E&P INC.

3. Address of Operator

P. O. BOX 1950, HOBBS, NM 88240

505/393-0325

4. Well Location

Unit Letter E : 5940 Feet From The SOUTH Line and 660 Feet From The WEST Line

Section 2 Township 21 SOUTH Range 37 EAST NMPM LEA County

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

3505 [D F]

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 & 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. Rig up and determine reason for casing-tubing annulus pressure when injecting. (Well has been shut in since April 18, 1995.)
2. Acidize the Drinkard Perfs (6610>6847) with 3360g 20% HCl.
3. Pull out of the hole with treating tools.
4. Run in the hole with dual isolation packers.
5. Set the bottom packer just above the Drinkard perfs and the top packer above the top Blinebry perf, eliminating injection in o the Blinebry and Tubb perforations.
6. Return the well to injection as a Drinkard only injector.

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

SIGNATURE

C. L. Mann

TITLE

PRODUCTION FOREMAN

DATE

06/19/1995

TYPE OR PRINT NAME

C. L. MANN

TELEPHONE NO.

505/393-0209

(This space for State Use) **ORIGINAL SIGNED BY JERRY SEXTON**

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

JUN 20 1995

CONDITIONS OF APPROVAL IF ANY:

9 1995

RECEIVED

SEP 9 1995

U.S. HOUSE
OFFICE

RECEIVED

SEP 9 1995

U.S. HOUSE
OFFICE

2001 O S WILL