MAY 1 0 1996

DATE

State of New Mexico Ener Minerals and Natural Resources Departmen

<u>DISTRICT I</u>	OIL C	CONSERV	ATION DI	VISION			
P.O. Box 1980, Hobbs, NM 88240	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503				WELL API NO. 30-025-06353		
					5. Indicate Typ	_	
					6. State Oil & C		X FEE
					0. State Off & C	Jas Lease No.	
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		
1. Type of Well:					NORTHEAST DRINKARD UNIT		
Oil Well X	Gas Well	Other					
2. Name of Operator SHELL WESTERN E&P INC.					8. Well No. 319		
3. Address of Operator P. O. BOX 1950, HOBBS, NM 88240 505/393-0325					9. Pool name or Wildcat N. EUNICE BLINEBRY-TUBB-DRINKARD		
4. Well Location	00210	303/3	73.0323		14. LONICL I	DEHALDIK 1-1 O.	DD-DKII KAKD
Unit Letter P: 1650	Feet From The	SOUTH	Line and 99	00 Fee	et From The	EAST I	Line
Section 2	Township	21-S	Ran	• • • •	E NMPI	М	LEA County
	10. Elevation (Sh. 3475 (KB)	ow whether DF, I	RKB, RT GR, etc.)				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDON			REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON	ANDON CHANGE PLANS COMMENCE				PNS.	PLUG & ABA	NDONMENT
TLL OR ALTER CASING CASING TEST AND CEME					NT JOB		
OTHER: Abandon Drinkard and OAP in Blinebry X 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.							
 Set CIBP over Drinkard and OAP in Stimulate Blinebry. RTI. 	Blinebry						
\bigcap							
I hereby certify that the information above is to	ne and complete to the	ne best of my kno	wledge and belief.				1 /
SIGNATURE A J	Ml	JAO	TITLE PE	RODUCTION	N FOREMAN	DATE	5/9/96
TYPE OR PRINT NAME C. L. MANN		de		-	TEL	EPHONE NO.	505/393-0209

TITLE

(This space for State Use)

APPROVED BY APPROVAL IF ANY: