

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 88240

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.
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NORTHEAST DRINKARD UNIT
8. Well No. 222
9. Pool name or Wildcat NORTH EUNICE 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 ☒ GAS WELL ☐ 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 I : 3534 Feet From The NORTH Line and 990 Feet From The EAST Line Section 2 Township 21S Range 37E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3501' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER: ☐	SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOB ☐ OTHER: <u>cmt sqzd, OAP & Acid</u> ☒

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.

7-18 to 7-28-89:

POH w/prod equip. CO to 5938' (tagged btm). Ran GR/CCL from 5-1/2" csg shoe to 3875'. Set CIBP @ 5840' & pkr @ 5593'. Sqzd lower Paddock and Blinebry silt perms 5701'-95' w/100 SX CIs "C" cmt + .3% CF-1 followed by 100 SX CIs "C" cmt + 2% CaCl₂. Rel pkr & POH. DO cmt 5591' - 5832'. Pres tstd sqz to 500#, held OK. DO CIBP @ 5840' - 5859'. Mld on junk/cmt to 5866'. DO cmt to 5960'. CO to 5975'. Spot 125 gals 15% HCl. Perf'd Blinebry 5781' - 5820' (1 JSPP). Acid perms 5781' - 5820' & OH 5844' - 5975' w/ 4310 gals 15% HCl. Installed prod equip & rld 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 8-22-89
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

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 25 1989

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3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	4. Well Location Unit Letter <u>I</u> : <u>3534</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line Section <u>2</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3501' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: <u>CMT SQZ, OAP & ACDZ</u> ☒	PLUG AND 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. POH w/prod equip.
2. CO to ±5840'.
3. Run GR/CCL from 5-1/2" csg shoe to 3875'.
4. Set CIBP @ 5840' & pkr @ 5600'.
5. Sqz Lower Paddock and Blinebry Silt perms 5701'-95' w/100 sx Cls "C" cmt + 0.3% CF-1 followed by 25' sx Cls "C" cmt + 2% CaCl₂. Rel pkr & TOH. WOC 24 hrs.
6. DO cmt to CIBP @ 5840'. Pres tst sqz to 500#. DO CIBP & cont CO to 5965'.
7. Spot 125 gals 15% NEFE HCl across Blinebry OH 5849' - 5965'.
8. Perf Blinebry 5781' - 5820' (1 JSPF).
9. Acdz Blinebry perms 5781' - 5820' & OH 5849' - 5965' w/4410 gals 15% NEFE HCl + 500# rock salt.
10. Install prod equip & ret well 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 6-28-89
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 3 1989