

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. 30-025-06357
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. 120
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 <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 Shirley Galik - 5239 WCK	
4. Well Location Unit Letter B 900' Feet From The North Line and 2310' Feet From The East Line Section 2 Township 21S Range 37E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3511' GR	

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 AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **Acid Treat** ☒

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.

7/13/94 To 7/18/94

POOH w/prod eqmt. RIH w/PKR and set @ 5800', PT csg to 500# - held ok. AT w/2000 gal 28%
HCL using 1500# rock salt. Rel PKR and POH.
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 Engineering Assistant DATE 2-05-96
TYPE OR PRINT NAME Shirley A. Galik TELEPHONE NO. 713/544-4219

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 18 1996