

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

WELL API NO.		30-025-06365	
5. Indicate Type of Lease			
FED	<input type="checkbox"/>	STATE	<input checked="" type="checkbox"/>
FEE	<input type="checkbox"/>		
6. State Oil & Gas Lease No.			
B-1732			
7. Lease Name or Unit Agreement Name			
NORTHEAST DRINKARD UNIT			
8. Well No.			
318W			
9. Pool name or Wildcat			
N. EUNICE BLINEBRY-TUBB-DRINKARD			
Start From The		<u>West</u>	Line
EAST	NMPM	LEA	County

(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

8. Well No.

318W

9. Pool name or Wildcat

N. EUNICE BLINEBRY-TUBB-DRINKARD

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 R : 1650 Feet From The South Line and 1980 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.)

3504 | K. B.

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 ☐

REMEDIAL WORK ☐ ALTERING CASING ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐

PULL OR ALTER CASING ☐CASING TEST AND CEMENT JOB ☐

OTHER: Convert to Injection (NMOCD WFX-674) ☒

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 Pulling Unit. P O H w/ rods & Pmp. Install BOP.
- 2.. Make Bit & scraper run.
- 3..Clean out to at least TD of 5825, if possibly deepen to about 6000'.
4. Treat open hole w/5880g 20% H Cl and 3500# Rock Salt. P O H w/ treating Equipment.
5. Set injection Packer @ 5700', load backside w/inhibited fluid, chart a pressure test of annulus @500psig for 30 min for NMOCD.
6. Begin Injection and report stabilized rates and pressures.

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

SIGNATURE TITLE PRODUCTION FOREMAN DATE 08/30/95

TYPE OR PRINT NAME C. L. MANN TELEPHONE NO. 505/393-0209

(This space for State Use)

Designed by,
Paul Karitz,
Geologist

APPROVED BY	TITLE	DATE
Geologist		

CONDITIONS OF APPROVAL IF ANY:

RECEIVED

AUG 30 1965
UCL HOUSE
OFFICE