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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.

B-9745

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 U : 710 Feet From The SOUTH Line and 610 Feet From The WEST Line

Section 2

Township 21S

Range 37E

NMPM

LEA

County

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

3457' GR

7. Lease Name or Unit Agreement Name

NORTHEAST DRINKARD UNIT

8. Well No.

313

9. Pool name or Wildcat
NORTH EUNICE BLINEBRY-TUBB-
DRINKARD OIL & GAS

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: DO CIBP, OAP & Acd ☒

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.

9-12 to 9-15-88:

POH w/tbg. DO CIBP @ 6500'. CO to 6714'. Perf'd Blinebry/Tubb 5778'-6489' (1-JSPF). Acd perms 5778' - 6489' & Drinkard OH 6536' - 6714' w/ 15,918 gals HCl. Installed prod equip & ret'd well to prod.

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

SIGNATURE

W. F. N. Kelldorf

TITLE STAFF PRODUCTION ENGINEER

DATE 3-30-89

TYPE OR PRINT NAME

W. F. N. KELLDORF

(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:

APR 4 1989

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-9745	

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(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.)</small></p>		
<p>1. <input checked="" type="checkbox"/> CIL WELL <input type="checkbox"/> CAS WELL <input type="checkbox"/> OTHER-</p>		7. Unit Agreement Name
2. Name of Operator		NORTHEAST DRINKARD UNIT
SHELL WESTERN E&P INC.		8. Farm or Lease Name
3. Address of Operator		NORTHEAST DRINKARD UNIT
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)		9. Well No.
4. Location of Well		313
UNIT LETTER <u>U</u> <u>710</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>610</u> FEET FROM		10. Field and Pool, or wider
THE <u>WEST</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.		NORTH EUNICE BLINEBRY-TUBB-DRINKARD OIL & GAS
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3457' GR		LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <u>DO CIBP, OAP & Acdz</u> <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANE <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

- DO CIBP @ 6500'. CO to TD (6718').
- Perf Blinebry & Tubb 5778' - 6489' (1 JSPF).
- Acdz Blinebry/Tubb perfs 5778' - 6489' & Drinkard OH 6536' - 6718' w/ 14,700 gals 15% HCl-NEA + 2000# rock salt using RBP & PKR.
- POH w/RBP & PKR.
- Install prod equip & ret well to prod.

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

SIGNED <u>A. J. FORE</u>	TITLE <u>SUPERVISOR REG. & PERMITTING</u>	DATE <u>10-4-88</u>
ORIGINAL SIGNED BY JERRY SEXTON		
DISTRICT 1 SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
SHELL WESTERN E&P INC.

Address
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
The State Section 2 well #4 in Tubb pool.
Unitization R-8540

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTHEAST DRINKARD UNIT	Well No. 313	Pool Name, including Formation NORTH EUNICE BLINEBRY-TUBB- DRINKARD OIL & GAS	Kind of Lease State, Federal or Fee State	Lease No. B-9745
Location Unit Letter <u>U</u> : <u>710</u> Feet From The <u>South</u> Line and <u>610</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>21S</u> Range <u>37E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3000, Tulsa, Ok 74102	
If well produces oil or liquids, give location of tanks.	Unit T	Sec. 2
	Twp. 21S	Rge. 37E
	Is gas actually connected? Yes	
	When NA	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

A. J. Fore

A. J. FORE

SUPERVISOR REGULATORY & PERMITTING

DEC 1 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 21 1987, 19
BY Jerry Septon
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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