

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. 208
9. Pool name or Wildcat NORTH UNIT 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 J : 4620 Feet From The SOUTH Line and 1979 Feet From The EAST Line Section 3 Township 21S Range 37E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3476' 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: Cmt sqz, CAP & Acdz ☒	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 PBTD (6700').
3. Set CIBP @ 5850' & PKR @ 5600'.
4. Sqz Blinebry perms 5663' - 5828' w/75 SX Cls "C" cmt + 0.3% CF-1 followed by 50 SX Cls "C" cmt + 2% CaCl₂. TOH w/PKR. WOC 24 hrs.
5. PD cmt to CIBP @ 5850'. Pres tst sqz to 500#. Cont drly thru CIBP to PBTD.
6. Perf Blinebry, Tubb & Drinkard 5803' - 6607' (1 JSFF).
7. Acdz perms 5803' - 6607' & OH 6660' - 6700' w/9240 gals 15% NEFE HCl + 950# rock salt.
8. 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 7-28-89
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNATURE BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE AUG 1 1989
CONDITIONS OF APPROVAL, IF ANY.

RECEIVED

JUL 31 1969

OCD
HQB: OFFICE