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

WELL API NO.

P.O. Box 1980, Hoods, 1411 60240	P.O. Box 208		<i>≾</i> €	7-025-06400
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type o	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State 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.)			7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL	OTHER			T DRINKARD UNIT
2. Name of Operator			8. Well No. 102	
SHELL WESTERN E&P INC.  3. Address of Operator P. O. BOX 576, HOUSTON,	TX 77001 (WCK 4	435)	9. POJRTH EU DRINKARD	NICE BLINEBRY-TUBB- OIL & GAS
4. Well Location Unit Letter H : 1582 Fe			O Feet From	The EAST Line
Section 4 To	ownship 21S Ra 10. Elevation (Show whether 1) 3486 'KB  Opriate Box to Indicate 1	nge 37E  DF, RKB, RT, GR, etc.)  Nature of Notice, Re	NMPM	LEA County  Data
	<del></del>	•		ALTERING CASING
	PLUG AND ABANDON	REMEDIAL WORK	CODNS	PLUG AND ABANDONMENT
	CHANGE PLANS	COMMENCE DRILLING	. 🗀	FLUG AIND ADMINDONMENT
PULL OR ALTER CASING	1 ACD7 [77]	CASING TEST AND CE		
OTHER: CMT SQZ, OAP		OTHER:		
12. Describe Proposed or Completed Operations (Cowork) SEE RULE 1103.	Clearly state all pertinent details, ar	nd give pertinent dates, inclu	ding estimated date o	f starting any proposed
<ol> <li>POH w/prod equip.</li> <li>CO to PBTD @ 5900'.</li> <li>Sqz Blinebry perfs 5682'         "C" cmt + 2% CaCl2.</li> <li>DO cmt to 5750'. Pres t</li> <li>Perf Blinebry 5723' - 59</li> <li>Acdz perfs 5723' - 5931'</li> <li>Install prod equip &amp; ret</li> </ol>	st sqz to 500#. C 31' (1 JSPF). w/3360 gals 15% N	ont drlg cmt &		
I hereby certify that the information above is true and co	emplete to the best of my knowledge and	belief.		
SIGNATURE Affinithe	mar	REGULATORY SI	UPV.	рате 6-20-89
TYPE OR PRINT NAME J. H. SMITHERI	MAN	. (7	13) 870-3797	TELEPHONE NO.
(This apace for State Use)  ORIGINAL SIGNED	D BY JERRY SEXTON SUPERVISOP			JUN 2 3 1989
profession .	- T	Π.E		PVIT

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY: