

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NORTHEAST DRINKARD UNIT

8. FARM OR LEASE NAME

NORTHEAST DRINKARD UNIT

Q. WELL NO.

106

10. FIELD AND POOL, OR WILDCAT
NORTH EUNICE BLINEBRY-
TUBB-DRINKARD OIL & GAS

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC. 3, T21S, R37E

12. COUNTY OR PARISH: 13. STATE:

LEA

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON®

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

9-19 to 9-23-88:

POH w/prod equip. CO to PBSD @ 6870'. Ran GR/CCL from 6870' to 5600'.
Perf'd Blinbry/Tubb/Drinkard 5785' - 6846' (1 JSF). Spot 1008 gals 15% HCl
across perf'd interval to 5750'. Acd Drinkard perfs 6587' - 6846' w/3150
gals 15% HCl + 600# rock salt. Acd Blinbry/Tubb perfs 5770' - 6192'
w/6602 gals 15% HCl. Installed prod equip & ret'd well to prod.

RECEIVED
MAR 1 11 55 AM '89
CASH
AREA

18. I hereby certify that the foregoing is true and correct

SIGNED W.F.N. KELLDORF

TITLE STAFF PRODUCTION ENGINEER

DATE 2-27-89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS
CONDITIONS OF APPROVAL IF ANY: 000

DATE _____

CARLSBAD, NEW MEXICO *See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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" for such proposals.)1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

SHELL WESTERN E&P INC.

3. ADDRESS OF OPERATOR

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface 660' FNL & 1980' FWL SEC. 3

7. UNIT AGREEMENT NAME

NORTHEAST DRINKARD UNIT

8. FARM OR LEASE NAME

NORTHEAST DRINKARD UNIT

9. WELL NO.

106

10. FIELD AND POOL, OR WILDCAT
NORTH EUNICE BLINEBRY-
TUBB-DRINKARD OIL & GAS11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC. 3, T21S, R37E

14. ~~XXXXXX~~ API NO.

30-025-06410

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3487' GR

12. COUNTY OR PARISH 13. STATE

LEA

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☒REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. POH w/prod equip.
2. Run GR/CCL log.
3. Perf Blinebry/Tubb/Drinkard 5785' - 6846' (1 JSPF).
4. Acdz perms 5770' - 6846' w/9450 gals 15% HCl-NEA + 500# rock salt.
5. Install prod equip & ret well to prod.

OCT 11 9 43 AM '88
CARLSBAD OFFICE
AREA OPERATIONS

RECEIVED

18. I hereby certify that the foregoing is true and correct

SIGNED A. J. FORETITLE SUPERVISOR REG. & PERMITSDATE 10-06-88

(This space for Federal or State office use)

APPROVED BY 3
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 10-19-88

*See Instructions on Reverse Side