

SUNDRY NOT S AND REPORTS ON WELLS

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Injector		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR SHELL WESTERN E&P INC. (4431 WCK)		7. UNIT AGREEMENT NAME NORTHEAST DRINKARD UNIT
3. ADDRESS OF OPERATOR P. O. BOX 576, HOUSTON, TEXAS 77001		8. FARM OR LEASE NAME NORTHEAST DRINKARD UNIT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 460' FNL & 1980' FWL of Section 10		9. WELL NO. 403
14. XXXXXXXX API # 30-025-06449		10. FIELD AND POOL, OR WILDCAT NORTH EUNICE-BLINEBRY-TUBB-DRINKARD OIL & GAS
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3460' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 10, T 21-S, R 37-E
		12. COUNTY OR PARISH LEA
		13. STATE 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	CTI <input checked="" type="checkbox"/>

(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.)

2-6-89 thru 2-9-89:

POOH w/ prod equip. -CO to 6300'. TIH w/ inj equip, setting Guiberson Uni-VI pkr @ 5653'. Pres test to 590 psi for 30 min - held O.K. Placed well on injection.

APR 17 1989

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CARLSBAD, NEW MEXICO

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

SIGNED [Signature] for W. E. N. KELLDORF TITLE STAFF PRODUCTION ENGINEER DATE APR 17 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*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.