

SUNDRY NOTICES AND REPORTS RECEIVED

(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 ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME	
SHELL WESTERN E&P INC. (4435 WCK) CARL		NORTHEAST DRINKARD UNIT	
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME	
P. O. BOX 576, HOUSTON, TEXAS 77001		NORTHEAST DRINKARD UNIT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		9. WELL NO.	
660' FNL & 1980' FEL SEC. 10		405	
14. XXXXXXXX API #		10. FIELD AND POOL, OR WILDCAT	
30-025-06450		NORTH EUNICE-BLINEBRY-TUBB	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
3436' GR		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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>SI</u> ☒	

(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.)

1-12-90:

SI well. -- waiting on contract to be finalized w/transporter.

ACCEPTED FOR RECORD

Adm

MAR 14 1990

CARLSBAD, NEW MEXICO

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

SIGNED J. H. SMITHERMAN J. H. SMITHERMAN TITLE REGULATORY SUPV.DATE 3-9-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side