

District Office

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

L 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.

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. (4431 WCK)

3. Address of Operator

P.O. BOX 576, Houston, TX 77001-0576

4. Well Location

Unit Letter D : 990 Feet From The North Line and 840 Feet From The West Line

Section 10 Township 21-S Range 37-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3473' DF

7. Lease Name or Unit Agreement Name

NORTHEAST DRINKARD UNIT

8. Well No.

401

9. Pool name or Wildcat
NORTH EUNICE BLINEBRY-TUBB-
DRINKARD OIL & GAS

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: DO CMT, LOG, OAP & AT ☒

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.

8-23-88 thru 9-2-88:

POOH w/ prod equip. DO and CO to 6800'. Ran GR/CNL/CCL from 6800' - 5500'. Perf Blinebry/Tubb/Drinkard 5728' - 6731' w/ 1JSPF. Selctively AT Blinebry/Tubb/Drinkard 5728' - 6731' w/ 12,600 gals 15% NEFE HCl acid + 1250# rock salt + 45 ball sealers, using RBP's and pkr's. RIH w/ prod equip. Well returned to production 9-2-88.

10-18-88:

IN 24 hrs. test well pumped 0 bbl oil + 156 bbl water + 80 mcf gas.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

W.F.N. Kelldorf

W.F.N. KELLDORF

TITLE

STAFF PRODUCTION ENGINEER

DATE

MAR 24 1989

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAR 30 1989

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: