

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

WELL API NO.  
30-025-06461

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.)

7. Lease Name or Unit Agreement Name  
NORTHEAST DRINKARD UNIT

1. Type of Well:  
OIL ☒ GAS ☐ OTHER ☐

2. Name of Operator  
Shell Western E&P Inc.

8. Well No.  
402

3. Address of Operator  
P.O. Box 576 Houston, TX 77001-0576 (WCK 4435)

9. Pool name or Wildcat  
N. EUNICE BLINEBRY-TUBB-DRNKRD

4. Well Location  
Unit Letter E : 1980 Feet From The NORTH Line and 990 Feet From The WEST Line

Section 10 Township 21S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3456' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
PULL OR ALTER CASING ☐ CASING TEST AND CEMENT JOB ☐  
OTHER: ☐ OTHER: 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.

6-04 TO 6-12-90:  
POH W/PROD EQUIP. CO TO 6762'. RAN GR/CNL/CCL FROM 6775' TO 4775'. PERF'D  
BLINEBRY/TUBB/DRINKARD 5713' - 6753' (2 JSPF). ACD PERFS 5590' - 6753' W/  
7518 GALS 15% HCL USING VARIOUS RBP/PKR SETTINGS. POH W/RBP & PKR. INST  
PROD EQUIP & RETD TO PROD.

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

SIGNATURE J. H. SMITHERMAN TITLE REGULATORY SUPV. DATE 11/02/90  
TYPE OR PRINT NAME J. H. SMITHERMAN TELEPHONE NO. (713) 870-3797

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 05 1890

U.S. DEPT.  
HOMES OFFICE