Submit 3 Copies to Appropriate

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office	,	opultinoit	Hevised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATIO	N DIVISION	WELL API NO.
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		31-025-06465
P.O. Drawer DD, Artesia, NM 88210	Suita 1 0, 110 W Mickley	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE 6. State Oil & Gas Lease No.
			B-935
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
1. Type of Well;			NORTHEAST DRINKARD UNIT
OIL GAS WELL WELL	OTHER INJECT	OR	
2. Name of Operator			8. Well No.
Shell Western E&P Inc. Address of Operator (WCK 5237)			506
P.O. Box 576, Houston, TX 7	7001	9. Pool name or Wildcat N. EUNICE BLINEBRY-TUBB- DRINK	
M. Well Location	Foot From The SOUTH	Line and 1980	
Unit Letter : 300	Feet From The SOUTH	Line and	Feet From The EAST Lin
Section 10	Township 21S Ra	nge 37E	NMPM LEA County
	10. Elevation (Show wheth	her DF, RKB, RT, GR, e	tc.)
11. Check Appr	ropriate Box to Indicate	Nature of Natica	Papart or Other Data
NOTICE OF INT	FINION TO:	1	SSEQUENT REPORT OF:
		302	SEQUENT REPORT OF:
RFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
MPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
LL OR ALTER CASING		CASING TEST AND CE	
THER:	П	OTHER:	MIT
Describe Proposed or Completed Occurrence			
work) SEE RULE 1103.	ions (Clearly state all pertinent d	etails, and give pertiner	nt dates, including estimated date of starting an
5–24–94:			
T TBG/CSG ANN TO 300# FOR 3	0 MIN, HELD. (CHART ATTA	CHED) RTI.	
			•
hereby certify that the information above is true	and complete to the best of my knowledge	and belief.	
IGNATURE (Massin 1	Nintle TITE	E_TECH MGR - ASS	ET ADMIN 7/07/94
1.7	THE THE		ET ADMIN. DATE _7/07/94
YPE OR PRINT NAME A. J. DURRANI			TELEPHONE NO. 713/544-375
This space for State Use)			
	C	deigenal signed ut	
APPROVED BY	men.	DASTRICT I SUF	PERVISOR OUL IS B

TITLE ____EMSTRICT I SUPERVISOR

__ DATE_

