to Appropriate District Office	Cilcipy, winchan mich.		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease  STATE XX FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			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
1. Type of Well: Oil GAS Well Well Well	OTHER		NORTHEAST DRINKARD UNIT
2. Name of Operator			8. Well No. 506
SHELL WESTERN E & P INC. (4431 WCK)  3. Address of Operator P.O. BOX 576, Houston, TX 77001-0576			9. Pool name or Wildcat NORTH EUNICE BLINEBRY-TUBB- DRINKARD OTE & GAS
4. Well Location	C	. 11	980 East Line
Unit Letter 0: 6	50 Feet From The South	Line and	rea from the thic
Section 10	Township 21-S Ran 10. Elevation (Show whether a 3463 1	DF, RKB, RT, GR, etc.)	NMPM LEA County
(/////////////////////////////////////	Appropriate Box to Indicate I		Report or Other Data
NOTICE OF IN	* * *		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB
OTHER: CMT SQZ, OAP, AT	X X X X X X X X X X X X X X X X X X X	OTHER:	
	ations (Clearly state all pertinent details, ar	nd give pertinent dates, incl	uding estimated date of starting any proposed
work) SEE RULE 1103.  1) POOH w/ prod equip	) )		
2) CO to 6900'.	' • ' .	•	
•	5477' - 6738' w/ 25 sxs	class "C" cmt	+ 3% Halad-9 followed
·			t @ 6400' & CIBP set @ 6550'.
•	_		+ .3% Halad-9 followed by
	cmt + 2% CaCl, using pki		
5) DO and CO to 6900			
•		w/ 35' cmt se	t @ 6850' and second CIBP
set @ 6744'.	5,5, W, 515, Capped	•	
	rue and complete to the best of my knowledge and	(OVER)	4 4000
SIGNATURE Af Amithema	~ for W.F.N. KELLDORF TO	STAFF PROL	DUCTION ENGINEER MAR 2 4 1989
TYPE OR PRINT NAME	<b>,</b>	· . • • • • • • • • • • • • • • • • • •	TELEPHONE NO.
(This space for State Use) ORIGINAL SIG	SNED BY JERRY SEXTON		<b>W</b> AR 3 0 1989
DISTRI	CT   SUPERVISOR	m	DATE

CONDITIONS OF APPROVAL, IF ANY:

- 7) PERF Blinebry 5709' 5801' w/ 1JSPF.
- 8) Selectively AT Blinebry/Tubb/Drinkard w/ 7560 gals 15% NEFE HCl + 1000# rock salt + 136 ball sealers, using RBP's and pkr's.
- 9) TIH w/ inj equip, setting Guiberson Uni-VI pkr @ +/- 5675'.
- 10) Pres test to 500 psi for 30 minutes.
- 11) Tie into inj system and place well on injection.

MAR ?

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