

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-025-06469

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-935

7. Lease Name or Unit Agreement Name
NORTHEAST DRINKARD UNIT

8. Well No.
504

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

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.

3. Address of Operator
P.O. Box 576 Houston, TX 77001-0576

4. Well Location
Unit Letter N : 500 Feet From The SOUTH Line and 1880 Feet From The 1880 Line

Section 10 Township 21S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3455' GR

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: SI; IDENTIFY AMT OF STUCK TBG ☒

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.

12-01-90:

SI WELL.

1-19 TO 1-28-91:

POH W/RODS. ATTEMPTD TO RIH W/PIPE REC LOG TOOLS. COULD NOT GET BELOW 600'. POH W/TOOLS.
CIRC HOLE W/PARASPERSE. RIH W/BIT & TBG TO 6770'. POH W/TBG & TOOLS. RAN PIPE REC LOG
FROM 6843' TO 4800'. LOG INDIC GOOD CMT FROM 6370' TO 6750', FAIR CMT FROM 6100' TO 6220',
AND RATTY CMT FROM 5700' TO 5900'. SI WELL. ENG TO EVAL FOR CLN OUT OR TA.

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 7/11/91

TYPE OR PRINT NAME J. H. SMITHERMAN

TELEPHONE NO. 713/870-3797

(This space for State Use)

ORIGINAL SIGNED BY ALERT SECTION
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 16 1991