

Submit 2 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.<br><u>30-025-06483</u>                                                                 |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><u>B-9745</u>                                                       |
| 7. Lease Name or Unit Agreement Name<br><u>NORTHEAST DRINKARD UNIT</u><br><u>10115</u>              |
| 8. Well No.<br><u>216</u>                                                                           |
| 9. Pool name or Wildcat<br><u>N. JONICE BLINEBRY-TUBB-DRINKARD</u>                                  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><u>3490' GR</u>                               |

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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> INJECTOR                                                                            |
| 2. Name of Operator<br><u>SHELL WESTERN E&amp;P INC.</u>                                                                                                                                                              |
| 3. Address of Operator<br><u>P. O. BOX 576, HOUSTON, TX 77001 (WCK 5237)</u>                                                                                                                                          |
| 4. Well Location<br>Unit Letter <u>K</u> : <u>3546</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line<br>Section <u>2</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>LEA</u> County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><u>3490' GR</u>                                                                                                                                                 |

|                                                                               |                                                       |
|-------------------------------------------------------------------------------|-------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                       |
| NOTICE OF INTENTION TO:                                                       | SUBSEQUENT REPORT OF:                                 |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>              |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>      |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>         |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/>   |
|                                                                               | OTHER: <u>MIT</u> <input checked="" type="checkbox"/> |

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.

6-28-94:

PT tbg/csg ann to 500#, held 30 min. RTI.

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

SIGNATURE J. Marcus W. Durrani TITLE TECH. MGR. - ASSET ADMIN. DATE 7/21/94  
TYPE OR PRINT NAME J. A. J. DURRANI (713) 544-3797 TELEPHONE NO.

(This space for State Use)

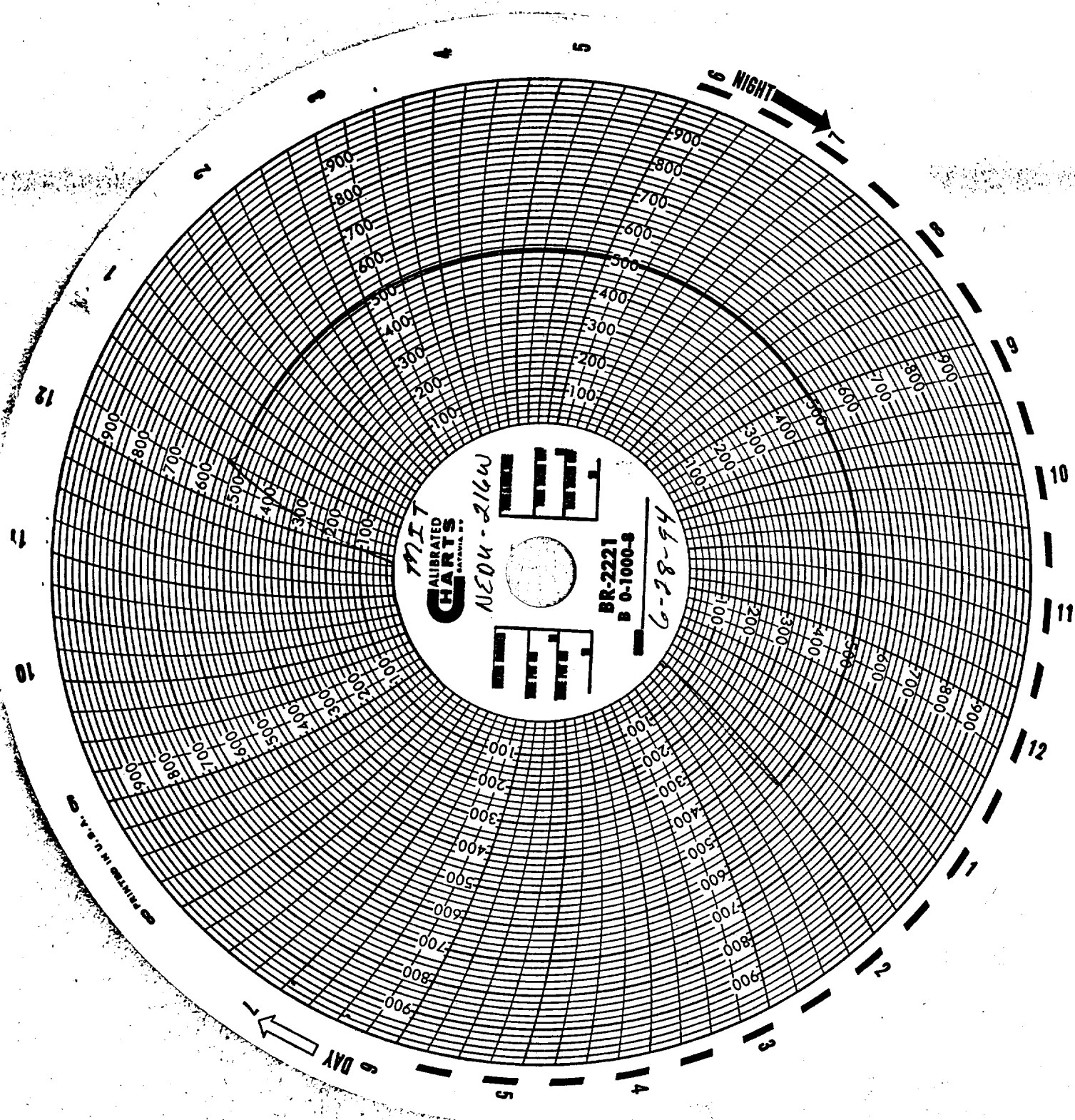
APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

DATE

JUL 26 1994



MIT  
CALIBRATED  
CHARTS  
NEO 4-216W  
BR-2221  
B 0-1000-3  
6-28-94

NIGHT

DAY

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