# SUNDRY NOTICE 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—" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL [X]   GAS WELL [ ]   OTHER

HOBBS, NEW MEXICO

7. UNIT AGREEMENT NAME
NORTHEAST DRINKARD UNIT

2. NAME OF OPERATOR
SHELL WESTERN E&P INC. (4431 WCK)

8. FARM OR LEASE NAME
NORTHEAST DRINKARD UNIT

3. ADDRESS OF OPERATOR
P. O. BOX 576, HOUSTON, TEXAS  77001

9. WELL NO.
310

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL & 660' FEL SEC. 3

Unit X

10. FIELD AND POOL, OR WILDCAT
NORTH EUNICE BLINEBRY-TUBB-DRINKARD OIL & GAS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 3, T 21-S, R 37-E

14. XXXXXXX API #
30-025-06497

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3466' DF

12. COUNTY OR PARISH
LEA

13. STATE
NM

16.    Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|---|---|
| TEST WATER SHUT-OFF [ ] | PULL OR ALTER CASING [ ] |
| FRACTURE TREAT [ ] | MULTIPLE COMPLETE [ ] |
| SHOOT OR ACIDIZE [ ] | ABANDON* [ ] |
| REPAIR WELL [ ] | CHANGE PLANS [ ] |
| (Other) LOG, PERF, AT | [X] |

SUBSEQUENT REPORT OF:

| | |
|---|---|
| WATER SHUT-OFF [ ] | REPAIRING WELL [ ] |
| FRACTURE TREATMENT [ ] | ALTERING CASING [ ] |
| SHOOTING OR ACIDIZING [ ] | ABANDONMENT* [ ] |
| (Other) _____ | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

1) POOH w/ prod equip.

2) CO to 6750'.

3) Run GR/CNL/CCL from 6749' (PBTD) to 5500'.

4) Perf Blinebry/Tubb/Drinkard w/ 1 JSPF (depths to be determined by log evaluation).

5) Selectively AT Blinebry/Tubb/Drinkard using RBP's and pkr's (treatment schedule to be determined by log evaluation).

6) Return well to production.

RECEIVED
NOV 18 11 45 AM '88
CARLS AREA ___

18. I hereby certify that the foregoing is true and correct
SIGNED _A.J. Fore_  A. J. FORE   TITLE SUPERVISOR REG. & PERMITS   DATE NOV 1 6 1988

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _11-29-88_
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.