## State of New Mexico Energy, Minerals and Natural Resources Department

	DISTRICT I	l
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## OIL CONSERVATION DIVISION

	OIL COI	10 EIL V	ZIIOII	DI 4 1010	<b>~</b> 11				
P.O. Box 1980, Hobbs, NM 88240	Old Santa Fe Trail, Room 206				WELL API NO.				
	nta Fe, Nev	Fe, New Mexico 87503				30-025-06499			
						5. Indicate Type of Lease			
						FED X STATE FEE			
						6. State Oil & Gas Lease No.			
SUNDRY	NOTICES AND REPORT	S ON WE	TIC						
				ACK TO A					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"						7. Lease Name or Unit Agreement Name			
(FORM C-101 FOR SUCH PROPOSALS.)						NORTHEAS?	DRINKARD	UNIT	
1. Type of Well: Oil Well	Gas Well	Other IN	IJECTOR						
2. Name of Operator		11.	IJECTOR			3. Well No.	309W	<del></del>	
SHELL WESTERN E&P INC.  3. Address of Operator									
P. O. BOX 576, HOUSTON, T	X 77001					9. Pool name o L. EUNICE F		BB-DRINKAR	SD.
4. Well Location				<u>,                                      </u>	<del></del>		ER (EB)(1-10	DD-DRIIKA	<u>u</u>
Unit Letter Q : 18	30 Feet From The	SOUTH	Line and	660	Feet Fr	om The	EAST	Line	
Section 3	Township	216	•	_				-	
section 3	Township  10. Elevation (Show who	21S ether DF. RK	B. RT GR. etc	Range	37E	NMI	M <i>VIIII</i>	LEA Cou	inty
	3473 KB	21,141	, xt1 G1t, t1t	·· <i>·</i>					
11. Ch	eck Appropriate Box to In	ndicate Na	ture of Not	ice, Report	, or Othe	r Data	<u> </u>		
NOTICE OF I	VIENTION TO:				SUBSE	QUENT R	EPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIA	L WORK			ALTERING C	ASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMEN	CE DRILLING	G OPNS.		PLUG & AB	ANDONMENT	Ē
PULL OR ALTER CASING			CASING T	EST AND CE	MENT JO	в 🗖			<b>b</b>
OTHER: PLUG BACK, OAP, AT		X	OTHER:						
12. Describe Proposed or Completed Opera	tions (Clearly state all pertinent		give nertinen	t dates inclu	ding estima	stad data of at-	retino any prop		
SEE RULE 1103.	(e.co., e.co. un per inion	wo, w//w	give perimen	i dates, mem	amg estanc	neu uate oj sit	arang any propo	sea work)	
1. PULL INJECTION EQUIP.									
2. SET CIBP @ 6045 OVER DRINKA	ARD PERFS. AND CAP W/	CMT.							
3. PERFORATE BLINEBRY 5950-60	00'								
4. AT BLINEBRY PERFS 5827-6008 IN TWO STAGES, ISOLATED W	WITH 5,500 GALS OF 20%	HCL + BA	LL SEALE	RS					
5. RIH WITH INJECTION EQUIPME		OAD BAC	KSIDE WIT	Ή					
PKR FLUID (2 DRUMS OF CHAM	IPION 2264 MIXED WITH	140 BBLS (	OF FRESH V	WTR.,					
6. NOTIFY NMOCD OF CASING PR	ESSURE TEST.								
_									
I hereby certify that the information above in	s true and complete to the best of	my knowled	ge and belief						
11 11/1/1/	Aluni Tan		_						
SIGNATURE JULIAN	error ano		TITLE .	PRODUCT	TION FOR	REMAN	DATE		
TYPE OR PRINT NAME C. L. MAI	<u> </u>					TEL	EPHONE NO.	505/393-020	)9
(This space for State Use)  ORIGINAL	TIGNED BY JERRY SEX	TON					MA	R 08 199	<b>7</b> 5
APPROVED BYDIS	TRICT I SUPERVISOR	TITLE					DATE		<i>,</i> ,,
CONDITIONS OF APPROVAL IF ANY:					<u> </u>				

NA 6 1995