

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 2512

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injector</u>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	NORTHEAST DRINKARD UNIT
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
<u>SHELL WESTERN E&P INC.</u>	NORTHEAST DRINKARD UNIT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1830' FSL & 660' FEL SEC. 3</u>	9. WELL NO.
	309
14. XXXXXX API NO. <u>30-025-06499</u>	10. FIELD AND POOL OR WILDCAT
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3474' DF</u>	NORTH EUNICE BLINEBRY- TUBB-DRINKARD OIL & GAS
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	SEC. 3, T21S, R37E
	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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

CTI

(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.)

(NMOC Order #R-8541)

9-20 to 9-22-88:

POH w/prod equip. CO to 6790'. Ran Verti-log to 6705'. Perf'd Tubb 6119'-85' (1 JSF). Set RBP @ 6400'. Acid perfs 6119'-85' w/1260 gals 15% HCl-NEA. POH w/RBP. Installed inj equip, setting Guib Uni-Pkr VI @ 5698'. Pres tstd csg to 300# for 30 min, held OK.

10-14-88:

Commenced inj.

18. I hereby certify that the foregoing is true and correct

SIGNED

A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE

12-21-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*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.

(November 1983)
(Formerly 9-331)

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

EXPIRES AUGUST 31, 1985
(Other Instructions on reverse side)

EXPIRES AUGUST 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

NM 2512

SUNDRY NOTICES AND REPORTS ON WELLS

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Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injector</u>	7. UNIT AGREEMENT NAME <u>NORTHEAST DRINKARD UNIT</u>
2. NAME OF OPERATOR <u>SHELL WESTERN E&P INC.</u>	8. FARM OR LEASE NAME <u>NORTHEAST DRINKARD UNIT</u>
3. ADDRESS OF OPERATOR <u>P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)</u>	9. WELL NO. <u>309</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u> <u>1830' FSL & 660' FEL SEC. 3</u>	10. FIELD AND POOL OR WILDCAT <u>NORTH EUNICE BLINEBRY-TUBB-DRINKARD OIL & GAS</u>
14. XXXXXX API NO. <u>30-025-06499</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC. 3, T21S, R37E</u>
15. ELEVATIONS (Show whether DF, RT, GK, etc.) <u>3474' DF</u>	12. COUNTY OR PARISH <u>LEA</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☒
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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RECEIVED
DEC 27 9 00 AM '88
CARLSBAD AREA

18. I hereby certify that the foregoing is true and correct

SIGNED A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE 12-21-88

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 5 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO

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