Form 3160-5
(November 1983)
(Formerly 9-331)

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

# 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.)

5. LEASE DESIGNATION AND SERIAL NO: NM 2512

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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

7. UNIT AGREEMENT NAME: NORTHEAST DRINKARD UNIT

2. NAME OF OPERATOR: SHELL WESTERN E&P INC.

8. FARM OR LEASE NAME: NORTHEAST DRINKARD UNIT

3. ADDRESS OF OPERATOR: P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)

9. WELL NO.: 309

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1830' FSL & 660' FEL SEC. 3

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, T21S, R37E

14. ~~XXXXXXX~~ API NO.: 30-025-06499

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3474' 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: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | [ ] | PULL OR ALTER CASING | [ ] | WATER SHUT-OFF | [ ] | REPAIRING WELL | [ ] |
| FRACTURE TREAT | [ ] | MULTIPLE COMPLETE | [ ] | FRACTURE TREATMENT | [ ] | ALTERING CASING | [ ] |
| SHOOT OR ACIDIZE | [X] | ABANDON* | [ ] | SHOOTING OR ACIDIZING | [ ] | ABANDONMENT* | [ ] |
| REPAIR WELL | [ ] | CHANGE PLANS | [ ] | (Other) | | | [ ] |
| (Other) | | CTI | [X] | (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.)*

(NMOCD Order #R-8541)

1. POH w/prod equip.
2. Perf Tubb 6119'-85' (1 JSPF).
3. Set RBP @ 6400'.
4. Acdz perfs 6119'-85' w/1260 gals 15% HCl-NEA.
5. POH w/RBP.
6. Install inj equip, setting Guiberson Uni-Pkr VI @ 5700'. Pres tst csg to 300# for 30 min.
7. Commence inj following installation of inj lines.

RECEIVED
SEP 30 11 47 AM '88

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

SIGNED A. J. Fore A. J. FORE TITLE SUPERVISOR REG. & PERMITS DATE 9-27-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10-13-88

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.