

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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.)

|                                                                                                                                                                       |                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                      | 7. UNIT AGREEMENT NAME<br>NORTHEAST DRINKARD UNIT                                   |
| 2. NAME OF OPERATOR<br>SHELL WESTERN E&P INC. (4435 WCK)                                                                                                              | 8. FARM OR LEASE NAME<br>NORTHEAST DRINKARD UNIT                                    |
| 3. ADDRESS OF OPERATOR<br>P. O. BOX 576, HOUSTON, TEXAS 77001                                                                                                         | 9. WELL NO.<br>204                                                                  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>3300' FNL & 760' FWL SEC. 3 | 10. FIELD AND POOL, OR WILDCAT<br>NORTH EUNICE-BLINEBRY-TUBB-<br>DRINKARD OIL & GAS |
| 14. XXXXXX API #<br>30-025-06506                                                                                                                                      | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA<br>SEC 3, T 21-S, R 37-E        |
| 15. ELEVATIONS (Show whether OF, RT, CR, etc.)<br>3477' GR                                                                                                            | 12. COUNTY OR PARISH<br>LEA                                                         |
|                                                                                                                                                                       | 13. STATE<br>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 <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                                   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <input type="checkbox"/>  | FRACTURE TREATMENT <input type="checkbox"/>                               | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>                 | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <u>Cmt sqzd; mld out CIBP</u> <input checked="" type="checkbox"/> |                                          |

(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.)

11-13 to 12-28-89:

POH w/prod equip. CO to PBTD @ 6162'. Set CIBP @ 5730' & pkr @ 5580'. Sqzd Blby perfs 5607' - 5714' w/75 SX Cls "C" cmt + .3% CF-1 followed by 75 SX Cls "C" cmt + 2% CaCl<sub>2</sub>. Rel pkr & POH. Tagged TOC @ 5497'. DO cmt to 5730'. Pres tstd sqz to 500# for 15 min, held OK. KO CIBP & fell to 6159'. Drid up remaining CIBP & fill to 6140'. DO cmt to 6203'. Drid on CIBP, fell free to 6395'. Set pkr @ 6385' & pres tstd CIBP to 500# for 15 min, held OK. Rel pkr & POH. Set CIBP @ 6172'. Sqzd Tubb perfs 6218' - 6374' w/50 SX Cls "C" cmt + .3% CF-1 followed by 50 SX Cls "C" cmt + 2% CaCl<sub>2</sub>. Tagged CIBP @ 6174'. DO CIBP & cmt to 6395'. Pres tstd sqz to 500# for 30 min, held OK. DO CIBP remains on top of CIBP @ 6450'. Mld on CIBP & fell free to 6628'. DO junk/sd/cmt to 6785'. Perfd Blby/Tubb/Drkd 5736' - 6740' (2 JSFP). Acid perfs 5736' - 6740 w/B240 gals 15% HCl + 2350# rock salt (one RBP left on well btm @ 6785'). Inst prod equip & ret'd to prod.

RECEIVED

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

SIGNED J. H. SMITHERMAN TITLE REGULATORY SUPV. DATE 1-29-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_ DATE \_\_\_\_\_

Adm. FEB 5 1990

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE  
(Other) Instruct  
verse side)

Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO.

NM-2512

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

SHELL WESTERN E&P INC. (4435 WCK)

3. ADDRESS OF OPERATOR

P. O. BOX 576, HOUSTON, TEXAS 77001

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

Unit L

3300' FNL & 760' FWL SEC. 3

14. XXXXXXXX API #

30-025-06506

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

3477' GR

7. UNIT AGREEMENT NAME

NORTHEAST DRINKARD UNIT

8. FARM OR LEASE NAME

NORTHEAST DRINKARD UNIT

9. WELL NO.

204

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

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) Cmt sqz & DO CIBP

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

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1. PDH w/prod equip.
2. CO to 6200' (PBSD).
3. Set CIBP @ 5730' & pkr @ 5580'.
4. Sqz Blinebry perfs 5607' - 5714' w/75 sx Cls "C" cmt + 0.3% CF-1 followed by 50 sqz Cls "C" cmt + 2% CaCl<sub>2</sub>. Rel pkr & TOH.
5. DO cmt to CIBP @ 5730'. Pres tst sqz to 500#. Cont DO CIBP & 1500 cmt & CIBP @ 6200'. CO to CIBP @ 6450'.
6. Set pkr @ 6420' & tst exst CIBP @ 6450' to 2000#. Reset pkr @ 6180' & estab inj rt into Tubb perfs 6218' - 6374', TOH w/pkr.
7. Set cmt ret @ 6180'.
8. Sqz Tubb perfs 6218' - 6374' w/100 sx Cls "C" cmt + 0.3% CF-1 followed by 50 sx Cls "C" cmt + 2% CaCl<sub>2</sub>.
9. DO cmt ret + cmt to CIBP @ 6450'. Pres tst sqz to 500#. Cont DO CIBP & CO to 6780'.
10. Perf Blinebry/Tubb/Drinkard 5736' - 6740' (2 JSPF).
11. Acidz perfs 5736' - 6740' w/8820 gals 15% NEFE HCl + 1500# rock salt.
12. Install prod equip & ret to prod.

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

*J. H. SMITHERMAN*

J. H. SMITHERMAN

TITLE REGULATORY SUPV.

DATE 11-10-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

11-16-89

\*See Instructions on Reverse Side