Form 3160-5 (June 1990) Su Do not use this form f Use	N.M. OIL COMMENSION STREAM STR		
i. Type of Well Oil Gas Well Well	8. Well Name and No.		
2. Name of Operator Shell Western E&P	NE Drinkard Unit No. 209W		
3. Address and Telephone No. S. A. Gallk - 5239 WCK			9. API Well No. 30-025-06508
•			JU-U23-U03U8           10. Field and Pool, or exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			North Eunice Blinebry-Tubb-Drinkard
3150" FSL & 1650 T21S-R37E	11. County or Parish, State		
			Lea NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR			DRT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION			ION
13. Describe Proposed or Complete	Report onment Notice d Operations (Clearly state all pertine	Abandonment Recompletion Plugging Back Casing Repair Altering Casing X Other <u>AT. Blinebry Inject</u> nt details, and give pertinent dates, including estimated date o ths for all markers and zones pertinent to this work.)*	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
Perfs did not brea salt as a divert.	k. Reset Pkr @ 5821' VI Pkr at 5595'. PT c	ap w/20' cmt. Set Pkr @ 5929'. AT and AT 5828-5917 w/5800 gal 20% HCL sg at 500# for 30 min. (Chart attac	L, using rock
<ul> <li>14. I hereby certify that the ford Signed WILL</li> <li>(This space for Federal or Stat Approved by Conditions of approval, if any Title 18 U.S.C. Section 1001, mu</li> </ul>	te office use) y: ukes it a crime for any person knowing	Mgr Reg. & Permitting ady Title	Date Date Date United States any false, fictitious or fraudulant statements
or representations as to any matte	r within its jurisdiction.		<del></del>
		* See Instruction on Reverse Side	V.S



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