

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

7. UNIT AGREEMENT NAME

NORTHEAST DRINKARD UNIT

8. FARM OR LEASE NAME

NORTHEAST DRINKARD UNIT

9. WELL NO.

209

10. FIELD AND POOL OR WTRCAT
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

1. OIL WELL ☐ GAS WELL ☐ OTHER WIW SJS

2. NAME OF OPERATOR

SHELL WESTERN E&P INC.

3. ADDRESS OF OPERATOR

P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)

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

At surface 3150' FSL & 1650' FEL SEC. 3

14. ~~XXXXXX~~ API NO.

30-025-06508

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

3480' DF

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)

Log & CTI

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

XX

(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.)

7-6-88 to 7-18-88:

Drill out cmt and knock free CIBP @ 6500'. Set CIPB @ 6900' and cap w/ 4 sxs cmt. Run CR/CNL/CCL from 6850' - 5000'. Perf Blinebry/Tubb/Drinkard 5770' - 6787' w/ 1 JSP2F. AT 5770' - 6787' w/ 14,600 gals 15% NEFE HCl. Set Guiberson ER-VI pkr @ 5606'. pressure test csg to 300 # for 30 min. Csg held. Began injection 9-9-88.

RECEIVED
OCT 17 11 05 AM '88
CAG
AREA

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

SIGNED A. J. FORE A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE 10-13-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE _____

OCT 31 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO