

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

Form approved.
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.)

1. OIL WELL ☒ 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. 209
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	10. FIELD AND POOL OR WILDCAT NORTH EUNICE BLINEBRY- TUBB-DRINKARD OIL & GAS
14. XXXXXX API NO. 30-025-06508	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA SEC. 3, T21S, R37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3480' 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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

LOG; CTI

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.)

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.)

1. POH w/prod equip.
2. DO CIBP @ 6500'.
3. Set CIBP @ ±6900' & cap w/4 sx cmt.
4. Run GR/CNL log from 6850' to 5600'.
5. Perf Blinebry/Tubb/Drinkard @ depths determined from log eval.
6. Acdz Blinebry/Tubb/Drinkard w/treatment sch based on log eval using RBP & pkr.
7. POH w/RBP & pkr.
8. Install inj equip, setting Guiberson ER-VI Pkr @ ±5600'.
9. Pres tst csg to 300# for 30 min.
10. Well to remain SI until inj start-up (est 7-27-88).

RECEIVED
JUL 8 10 54 AM '88
CARLSBAD
AREA HOUSING
AGENTS

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

SIGNED A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE 7-6-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

DATE 7-20-88

RECEIVED
JUL 21 1988
HOBBS OFFICE

RECEIVED

JUL 21 1988

HOBBS OFFICE