Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		•		T/CA BC	a 1-1-93	
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION P.O. Box 2		WELL API NO.			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	5. Indicate Type	30-025-06519 of Lease			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G	STATE 🗌	FEE X	
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"			7. Lease Name or Unit Agreement Name			
(FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:			NORTHEAS	ST DRINKARD UNI	Т	
OIL GAS WELL WELL	OTHER					
2. Name of Operator			8. Well No.			
Shell Western E&P, Inc	•		207			
	5237), HOUSTON, TX	77,001-0576	9. Pool name or NORTH EUNIC	Wildcat E BLINEBRY-TUBE	3-DRINKARD	
4. Well Location Unit Letter N : 2970	Feet From The SOUT	HLine and	2308 Feet Fre	om The W	EST Line	
Section 3	Township 21S 1	275	171 cm c			
	10. Elevation (Show wheel	Range 37E her DF, RKB, RT,  GR, e	NMPM tc.)	LEA V/////////	County	
		3469' DF	•			
11. Check App	propriate Box to Indicate	Nature of Notice	, Report, or	Other Data		
NOTICE OF IN	<b>TENTION TO:</b>	<b> </b>		T REPORT C	)F:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK			<b>-</b>	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN		ALTERING CASIN	_	
PULL OR ALTER CASING	O. M. GET. CARG	CASING TEST AND C		PLUG AND ABAND	JONMEN I L.	
OTHER:	П	OTHER:		DUMP	X	
<ol> <li>Describe Proposed or Completed Oper work) SEE RULE 1103.</li> </ol>	ations (Clearly state all pertinent de	etails, and give pertinent de	ates, including estin	nated date of starting	any proposed	
·						
6-09 TO 6-13-94:						
POH W/PROD EQNT. FOUND IRON SULFIDE SCALE ON TBG & SLIPS. PMPD 1000 GAL 28% HCL W/INHIB DWN						
BACKSIDE. LET SOAK FOR 1 HR. FLUSH BACKSIDE W/75 BBLS WTR. INST PROD EQHT & RTP.						
	on I in. Loon Brown	W/75 DDL5 WIK. 1	ויסו רווטט נעווו	α KIF.		
I hereby certify that the information above is tru	e and complete to the best of my knowled	ge and belief.		<del>-</del>		
SIGNATURE	15 Winte, TI	rle <u>MGR - ASSET</u>	ADMIN	DATE <u>6/27</u>	/95	
TYPE OR PRINT NAME JOS S. NAD	Υ			TELEPHONE NO. 713	/544-3797	
(This space for State Use)						
ORIGINAL SI	GNED BY JERRY SEXTOM					
APPROVED BY	RICT I SUPERVISOR	nle .		JÜL	05 1995	
CONDITIONS OF APPROVAL, IF ANY:	II			DATE		

111 1995 OFFICE

Sec. 44 Sec.