State of New Mexico Etc. gy, Minerals and Natural Resources Department

D-10000-100	
DISTRICT	I

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240	310 Old Santa Fe Trail, Room 206		WELL API NO. 30-025-06521		
	Santa Fe, Ne	w Mexico 87503			
			5. Indicate Type of Lease FED STATE	FEE X	
			6. State Oil & Gas Lease No.	I LEE A	
SUNDRY NO	OTICES AND REPORTS ON WE	ELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name		
	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 FOR SUCH PROPOSALS.)		NORTHEAST DRINKARD UNIT		
1. Type of Well:			I NORTHEAST DRIN	KARD UNII	
Oil Well	Gas Well Other W	later Injector			
2. Name of Operator SHELL WESTERN E&P INC.			8. Well No.		
3. Address of Operator			9. Pool name or Wildcat		
P. O. BOX 1950, HOBBS, NM 88240 505/393-0199			N. EUNICE BLINEBRY-TUBB-DRINKARD		
4. Well Location Unit Letter M : 3300	Feet From The South	Line and 660 Fee	et From: The West	Line	
Section 3		OUTH Range 37	EAST NMPM	LEA County	
	10. Elevation (Show whether DF, RK	B, RT GR, etc.) 3434 [GR]			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INT	ENTION TO:	SUE	SSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	ALTERING (CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPN	S. PLUG & AB	ANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT	JOB		
OTHER:		OTHER:			
12. Describe Proposed or Completed Operation SEE RULE 1103.	ns (Clearly state all pertinent details, and	give pertinent dates, including es	timated date of starting any propos	sed work)	
 Rig up Pulling Unit. Install BOP. P O H w/tbg & Inj Pkr. R I H w/ 2 1/16" workstring & displace the hole w/mud (1 sx gel/4bbl 9.5# brine) Spot seven 5 sx cmt plugs @6400, 6050, 5550, 3987, 2600, & 1050. Spot 10 sx cmt plug from 350' to 3' Cut casing off 4' below surface and install P&A marker. Clean and level the location. 					
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The state of the s		···			
I hereby certify that the information above is tr	se and complete to the best of my knowled	ge and belief.			
SIGNATURE (lm	TITLE PRODUCTION I	FOREMAN DATE	02/08/96	
TYPE OR PRINT NAME C. L. MANN			TELEPHONE NO.	505/393-0209	
(This space for State Use)	RIGINAL SIGNED BY				
APPROVED BY	GARY WINK		DATE ET	B 15 1995	
CONDITIONS OF APPROVAL IF ANY:			DATE EL	O T 0 1333	

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