Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
3D-025-D6532

5. Indicate Type of Lease
STATE ☐   FEE ☒

6. State Oil & Gas Lease No.

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
NORTHEAST DRINKARD UNIT

1. Type of Well:
OIL WELL ☐   GAS WELL ☐   OTHER INJECTOR

2. Name of Operator
Shell Western E&P Inc.

8. Well No.
511

3. Address of Operator
P.O. Box 576 Houston, TX 77001-0576   (WUK 5237)

9. Pool name or Wildcat
N. EUNICE BLINEBRY-TUBB-DRINKARD

4. Well Location
Unit Letter __M__ : __660__ Feet From The __SOUTH__ Line and __660__ Feet From The __WEST__ Line

Section __11__   Township __21S__   Range __37E__   NMPM   LEA   County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3423' DF

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER:_____ ☐		OTHER:____ 5-YR MIT ____ ☒	

12. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

1-12-94:

PT TBG/CSG ANN TO 300# FOR 30 MIN, HELD. (CHART ATTACHED) RTI.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE __TECH. MANAGER -- ASSET ADMIN.__   DATE __2/11/94__

TYPE OR PRINT NAME A. J. DURRANI   TELEPHONE NO. 713/544-3797

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCB