State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

| WELL API NO. | |

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

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

NORTHEAST DRINKARD UNIT

2. Name of Operator
SHELL WESTERN E&P INC.

8. Well No.
512

3. Address of Operator
P. O. BOX 576, HOUSTON, TX 77001   (WCK 4435)

9. Pool name or Wildcat
NORTH EUNICE BLINEBRY-TUBB-DRINKARD OIL & GAS

4. Well Location
Unit Letter __K__ : __1980__ Feet From The __SOUTH__ Line and __1980__ Feet From The __WEST__ Line

Section __11__   Township __21S__   Range __37E__   NMPM   LEA   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3446' KB

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: OAP & Acdz ☒	OTHER: ☐

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. POH w/prod equip.
2. Tag PBTD @ 6685'. DO cmt to 6750' (new PBTD).
3. Perf Blby/Tubb/Drkd 5725' - 6734' (2 JSPF).
4. Acdz perfs 5725' - 6734' w/11,550 gals 15% NEFE HCl.
5. Install prod equip & ret well to prod.

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

SIGNATURE _____   TITLE REGULATORY SUPV.   DATE 1-24-90

TYPE OR PRINT NAME J. H. SMITHERMAN   (713) 870-3797   TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____   TITLE _____   DATE _____

JAN 29 1990

CONDITIONS OF APPROVAL, IF ANY: