

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

**OIL CONSERVATION DIVISION**

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.	30-025-06593
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTHEAST DRINKARD UNIT
8. Well No.	70840
9. Pool name or Wildcat	N. EUNICE BLINEBRY-TUBB-DRINKARD

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
1. Type of Well:	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTOR
2. Name of Operator	SHELL WESTERN E&P INC.
3. Address of Operator	P. O. BOX 1950, HOBBS, NM 88240 505/393-0325
4. Well Location	Unit Letter <u>O</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>15</u> Township <u>21-S</u> Range <u>37-E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3425 K B

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Adjust Injection Profile</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>
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) Re-Squeeze upper Blinebry perms (5527-5633)
- 2) Stimulate Lower Blinebry and Drinkard.
- 3) RTI

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

SIGNATURE C. L. Mann TITLE PRODUCTION FOREMAN DATE 06/30/95  
TYPE OR PRINT NAME C. L. MANN TELEPHONE NO. 505/393-0209

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE  DATE JUL 21 1995  
CONDITIONS OF APPROVAL IF ANY:

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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-77

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- INJECTOR	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, TX 77001 (WCK 4435)	9. Well No. 708
4. Location of Well UNIT LETTER 0 660 FEET FROM THE SOUTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 15 TOWNSHIP 21S RANGE 37E N.M.P.M.	10. Field and Pool, or Whichever NORTH EUNICE BLINEBRY-TUBB-DRINKARD OIL & GAS
11. Elevation (Show whether DF, RT, GR, etc.) 3413' GR	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Cmt sqzd, OAP, Acid &amp; CTI</u> <input checked="" type="checkbox"/>

17. 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.

6-24 to 7-05-88:

POH w/prod equip. Set RBP @ 6360' & capped w/2 sx sd. Set pkr @ 5320'. Sqzd Blinebry perfs 5527' - 5752' w/75 sx Cls "C" cmt + .3% Halad-9 followed by 25 sx Cls "C" cmt + 2% CaCl<sub>2</sub>. DO cmt 5480' - 5750'. Pres tstd sqz to 500#, held OK. Circ'd sd off RBP. POH w/RBP. Tagged btm @ 6610'. CO to 6630'. Ran GR/CNL from 6630' - 5500'. Perf'd Drinkard 6455' - 6522' (1 JSPF). Perf'd Blinebry 5671' - 5964' (1 JSPF). Acid perfs 6455' - 6570' & OH 6590' - 6630' w/7350 gals 15% HCl-NEA + 1000# rock salt. Set RBP @ 6200'. Spot 150 gals 15% HCl-NEA from 5960' to 5810'. Acid perfs 5671' - 5964' w/6300 gals 15% HCl-NEA + 2000# rock salt. POH w/RBP. Installed inj equip, setting Guib ER-VI Pkr @ 5477'. Pres tstd csg to 400# for 35 min, held OK.

7-29-88:

Commenced inj.

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

SIGNED A. J. FORE A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE 8-31-88  
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

SEP 6 1988

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