

Submit 3 Copies
to Appropriate
District Office

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.
7. Lease Name or Unit Agreement Name NORTHEAST DRINKARD UNIT
8. Well No. 806
9. Pool name or Wildcat NORTH EUNICE BLINEBRY-TUBB- DRINKARD OIL & GAS

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. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	
2. Name of Operator SHELL WESTERN E&P INC.	
3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK-4435)	
4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1780</u> Feet From The <u>EAST</u> Line Section <u>22</u> Township <u>21S</u> Range <u>37E</u> N.M.M. <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3417' GR	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Cmt sqz, log, OAP & acd2 ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OF NS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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. CO to TD (6620').
3. Set CIBP @ 6300' & pkr @ 6070'.
4. Sqz Tubb perfs 6120' - 6265' w/150 sx Cls "C" cmt + 0.3% CF-1 followed by 50 sx Cls "C" cmt + 2% CaCl₂. Rel pkr & POH.
5. DO cmt to CIBP @ 6300'. Pres tst sqz to 500#. Cont drly out CIBP @ 6300'.
6. Run GR/CNL/CCL from TD to 5420'.
7. Perf Bily/Tubb/Drkd @ depths based on log eval.

(CONT'D ON REVERSE SIDE)

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

SIGNATURE J. H. Smitherman 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 COXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 29 1990

8. Acdz Blby/Tubb/Drkd w/treatment sch determined from log eval.
9. Install prod equip & ret well to prod.

REC-11

JAN 10

10/10/03