

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.	30-025-06747
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.	909
9. Pool name or Wildcat N. EUNICE BLINEBRY-TUBB-DRINKARD	

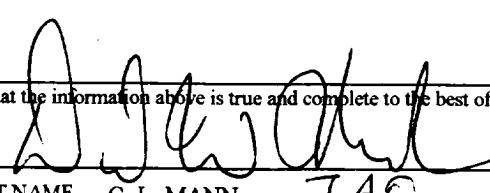
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR	
2. Name 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 I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 22 Township 21-S Range 37-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3445' DF	

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: Adjust Injection Profile <input checked="" type="checkbox"/>	PLUG & ABANDONMENT <input 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) Squeeze Lower Blinebry perms (5890-6070)
- 2) Squeeze Upper Drinkard perms and openhole (6396-6450)
- 2) Stimulate Upper Blinebry and Lower Drinkard openholes.
- 3) RTI.

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

SIGNATURE  TITLE PRODUCTION FOREMAN DATE 6/13/95
TYPE OR PRINT NAME C. L. MANN IAO TELEPHONE NO. 505/393-0209

(This space for State Use) ORIGINAL SIGNED BY
APPROVED BY GARY WINK FIELD REP. II TITLE DATE JUN 14 1995
CONDITIONS OF APPROVAL IF ANY: