

Approved
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

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.)

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

2. Name of Operator
SHELL WESTERN E & P INC. (4431 WCK)

3. Address of Operator
P.O. BOX 576, Houston, TX 77001-0576

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.)

3402' 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, OAP, AT / CTI ☒
(order # R-8541)

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ 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.

SHELL WESTERN E & P INC. PROPOSES TO CONVERT THIS WELL TO INJECTION (FOLLOWING COMPLETION OF THE NORTHEAST DRINKARD UNIT WELL #201 AS A GAS WELL) USING THE FOLLOWING PROCEDURE:

- 1) POOH w/ prod equip.
- 2) CO & CO to PBTD @ 6588', cutting over Model "D" pkr @ 6360'.
- 3) Sqz Tubb/Drinkard 6024' - 6426' w/ 175 sxs class "C" cmt + .3% Halad-9 followed by 25 sxs class "C" cmt + 2% CaCl, using CIBP @ 6440' and CICR @ 5900'.
- 4) DO to CIBP @ 6440'.
- 5) Pres test to 500 psi, using pkr set @ 5900'.

(OVER)

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

SIGNATURE J.H. Smitherman TITLE Prod. Administration Advisor DATE APR 20 1989

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APR 24 1989