

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. 30-025-06752

5. Indicate Type of Lease

FED ☐

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

NORTHEAST DRINKARD UNIT

8. Well No.

902W

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 ☐

Gas Well ☐

Other ☐ Water 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 K :

2080

Feet From The

South

Line and

1650

Feet From The

West

Line

Section

22

Township

21

SOUTH

Range

37

EAST

NMPM

LEA

County

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

3423 [DF]

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: Convert to Injection (NMOCD WFX-674)

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG & 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. Rig up Pulling Unit. Lay dwn rods & pmp. Install BOP. Clean out to 7265 w/ a Bit And Scraper. Spot 250g 20% acid from 6650.
2. P O H. Perforate 1jspf in 180 degree phasing @6476-86, 89-98, 6521-23, 39-44, 56-66, 70-96, 6604-20, 30-34, 42-48 (Drinkard Pay)
3. Treat new Drinkard perms w/151bbl (6342g 20% H Cl /surfactant) dropping 150 RCN BS during job.
4. P O H w/ treating equipment. R I H w/ dual isolation Injection Pkrs & set over the existing Tubb perms 5972>6245, eliminating them from injection.
5. Load annulus w/ inhibited fluid. Pressure test the backside to 500psig for 30 minutes w/nc bleed off, taking a chart recording to be filed w/NMOCD.
6. Begin water injection into the Drinkard Pay.

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

SIGNATURE

C. L. Mann (C. L. Mann)

TITLE

PRODUCTION FOREMAN

DATE

08/16/95

TYPE OR PRINT NAME

C. L. MANN

TELEPHONE NO.

505/393-0209

(This space for State Use)

APPROVED BY

ORIGINAL SIGNATURE AND DIVISION

TITLE

DATE

AUG 17 1995

CONDITIONS OF APPROVAL IF ANY: