State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I

OIL CONSERVATION DIVISION

	OIL CONSERV	ATION DIVISION	
P.O. Box 1980, Hobbs, NM 88240	310 Old Santa I	Fe Trail, Room 206	WELL API NO.
Santa Fe, New Mexico 87503		30-025-06754	
		5. Indicate Type of Lease	
		FED STATE FEE X	
			6. State Oil & Gas Lease No.
SUNDRY NO	TICES AND REPORTS ON W	ELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			
(FORM C-101 FOR SUCH PROPOSALS.)			North East Drinkard Unit
1. Type of Well:			
Oil Well X	Gas Well Other		
2. Name of Operator			8. Well No. 904W
SHELL WESTERN E&P INC	2.		
3. Address of Operator			9. Pool name or Wildcat
P. O. BOX 576, HOUSTON,	TX 77001		Drinkard
4. Well Location			
Unit Letter K : 206	C. Foot From The	T	
Unit Letter K : 206	5 Feet From The South	Line and 1700 Fee	t From The West Line
Section 22	Township 21 So	Dance 27.1	S . Name
Section 22			East NMPM LEA County
	10. Elevation (Show whether DF, I	RKB, RI GR, etc.)	
	/////h		
	ck Appropriate Box to Indicate	Nature of Notice, Report,	or Other Data
NOTICE OF INT	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
		•	<u> </u>
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	NS. PLUG & ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMEN	T JOB
OTHER: Convert to Blinebry Onl	v Injector X	OTHER:	<u> </u>
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/inj equipment.			
2. Set CIBP @5870 and cap w/15' cmt.			
3. Run Injection Packer and preform Mechanical Intregaty Test.			
4. Acid treat w/ 2650gal 20% HCl w/ NEA & surfactant. Use graded rock salt in gelled brine for block.			
5. Return well to injection and report rates and pressures.			
6. After 30 days of stabilized injection run an injection profile survey.			
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
0 / / -	,		
SIGNATURE (and	TITLE PRODUCTION	FOREMAN DATE 03/21/95
TYPE OR PRINT NAME C. L. MAN	N		
U. D. MIL.			TELEPHONE NO. 505/393-0209
(This space for State Use) Orig	Signed by		
APPROVED BY	7 . 1 		DATE MAR 21 1995
	HEOROGIES TITLE		DATE TAK DI 1000
CONDITIONS OF APPROVAL IF ANY:			