

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State ☐ Fee ☒
5. 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. CIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name NORTHEAST DRINKARD UNIT
2. Name of Operator SHELL WESTERN E&P INC.	8. Farm or Lease Name NORTHEAST DRINKARD UNIT
3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	9. Well No. 904
4. Location of Well UNIT LETTER K 2065 FEET FROM THE SOUTH LINE AND 1700 FEET FROM THE WEST LINE, SECTION 22 TOWNSHIP 21S RANGE 37E NMPM.	10. Field and Pool, or Wildcat NORTH EUNICE BLINEBRY-TUBB-DRINKARD OIL & GAS
15. Elevation (Show whether DF, RT, GR, etc.) 3423' DF	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☒ Open Tubb, acidz & CTI (Order No. R-B541)	CASING TEST AND CEMENT JOB ☐	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

1. POH w/prod equip.
2. Perf Tubb 5995' - 6045'.
3. Set RBP @ 6300'.
4. Acidz perfs 5995' - 6045' w/2100 gals 15% HCl-NEA.
5. POH w/RBP.
6. Install inj equip, setting ER-VI PKr @ ±5675'.
7. Pres tst csg to 300# for 30 min.
8. Commence inj.

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

SIGNED A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE 8-18-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: