

Submit 3 Copies
to Appropriate
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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

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 ☐	WELL API NO.
2. Name of Operator SHELL WESTERN E&P INC.	5. Indicate Type of Lease STATE ☐ FEE ☒
3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	6. State Oil & Gas Lease No.
4. Well Location Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 23 Township 21S Range 37E NMPM LEA County	7. Lease Name or Unit Agreement Name NORTHEAST DRINKARD UNIT
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3406' GR	8. Well No. 814
	9. Pool name or Wildcat NORTH UNIT BLINEBRY-TUBB- DRINKARD OIL & GAS

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: Cmt sqz, OAP & Acdz ☒	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.

1. POH w/prod equip.
2. CO to ±6800'.
3. Set CIBP @ 6540' & cmt ret @ 6330'.
4. Sqz Tubb/Drinkard perfs 6407' - 6503' w/50 SX CIs "C" cmt + 0.3% CF-1 followed by 50 SX CIs "C" cmt + 2% CaCl₂.
5. DO cmt ret & cmt to CIBP @ 6540'. Pres ts + sqz to 500#. Cont drlg thru CIBP to 6800'.
6. Perf Blinebry/Tubb/Drinkard 5684' - 6714' (1 JSPP).
7. Acdz perfs 5674' - 6714' w/9030 gals 15% NEFE HCl + 700# rock salt.
8. Install prod equip & ret well to prod.

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

SIGNATURE J. H. SMITHERMAN TITLE REGULATORY SUPV. DATE 7-25-89
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

JUL 28 1989