

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

OL CONSERVATION DIVISION

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

ELL API NO.

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

NORTHEAST DRINKARD UNIT

8. Well No.
817

9. Pool name or Wildcat
NORTH EUNICE BLINEBRY-TUBB-
DRINKARD OIL & GAS

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 H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 23 Township 21-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3404' 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: OAP & AT ☒

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.

9-2-88 thru 9-12-88:

POOH w/ prod equip. Perf Blinebry/Tubb/Drinkard 5694' - 6688' w/ 1JSPF. Selectively
AT Blinebry/Tubb/Drinkard w/ 12,894 gals 15% HCl + 1200# rock salt + 95 ball sealers,
using RBP's and pkr's. TIH w/ prod equip.

Returned well to production 9-8-88.

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

SIGNATURE *A. J. Fore* A. J. FORE TITLE SUPV. REG. & PERMITTING DATE JAN 30 1989

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE FEB 02 1989

CONDITIONS OF APPROVAL, IF ANY: