

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 ☒ CAS ☐ 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. 817
4. Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>23</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> 10MPM.	10. Field and Pool, or Whichever NORTH EDNICE BLINEBRY- TUBB-DRINKARD OIL & GAS

15. Elevation (Show whether DF, RT, GR, etc.) 3404' GR	12. County LEA
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER <u>OAP & ACDZ</u> ☒	PLUG AND ABANDON ☐ CHANGE PLANS ☐ REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOB ☐ OTHER ☐

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 Blinebry/Tubb/Drinkard 5694' - 6688' (1 JSPF).
3. Acdz perms 5694' - 6698' w/11,130 gals 15% HCl-NEA + 500# rock salt using RBP & pkr.
4. POH w/RBP & pkr.
5. 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.

SIGNED A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE 8-26-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: