

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-06771
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Northeast Drinkard Unit	
8. Well No.	811
9. Pool name or Wildcat	North Eunice Blinebry-Tubb-Drinkard

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injector	
2. Name of Operator Shell Western E&P, Inc.	
3. Address of Operator P.O. Box 576, Houston, TX 77001 Attn: S.A. Galik-5239 WCK	
4. Well Location Unit Letter E : 1980' Feet From The North Line and 660' Feet From The West Line Section 23 Township 21S Range 37E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3415' DF	

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: 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.

8/11/95 To 8/22/95

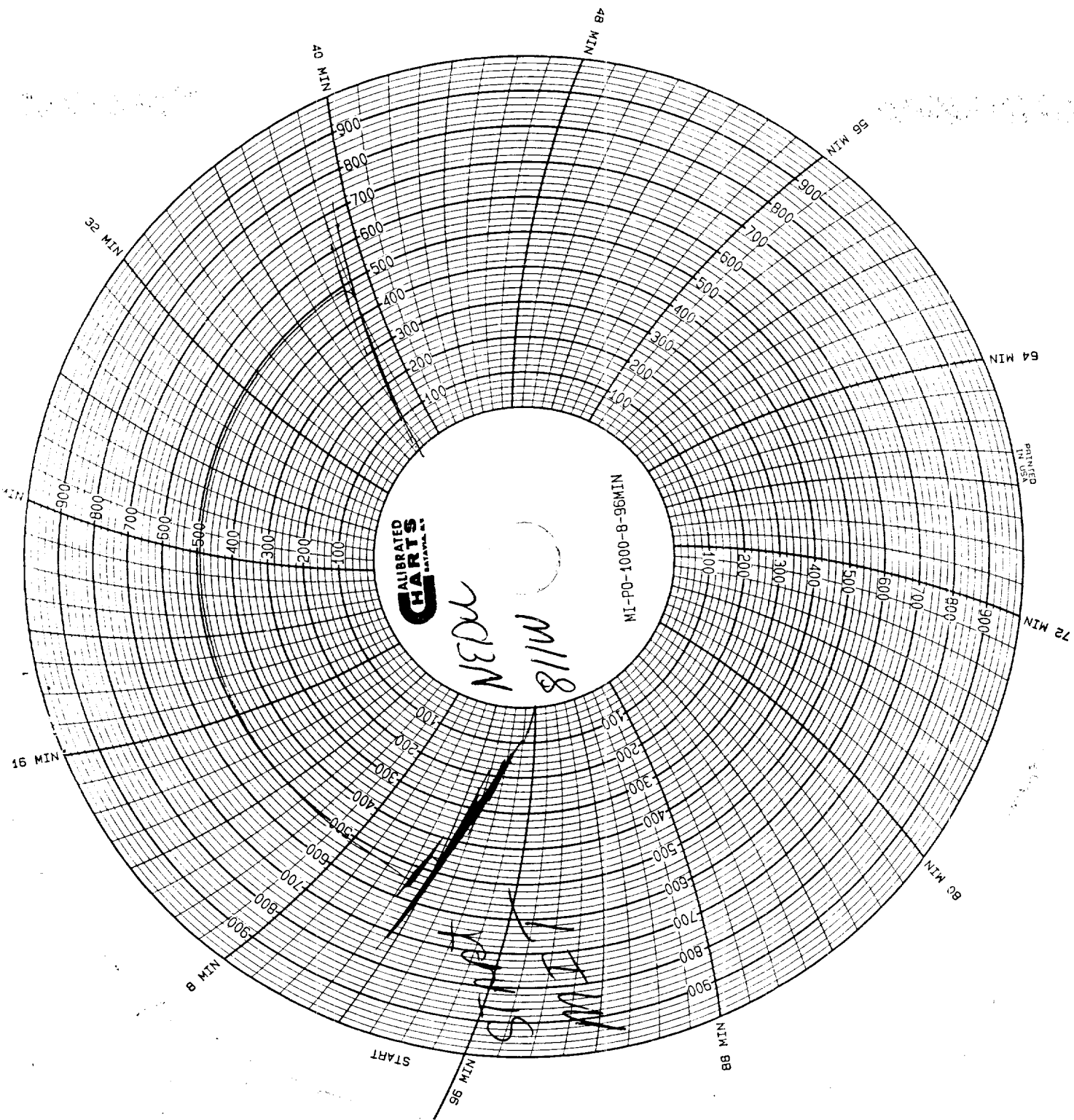
POOH w/Inj Equip. RIH w/RBP & PKR. Set RBP @ 5931' and Pkr @ 5842'. No est inj rate. Spot 5 BBLS 20% across perfs. Well communicated. Reset Pkr @ 5687'. Pmpd rock salt and 30 BBLS 20% HCL. Circ 60' RS off RBP. Rel RBP and reset @ 5820'. Reset Pkr @ 5718'. Load csg and tst to 500 PSI. Held ok. Reset RBP @ 5786 and Pkr @ 5687. Tst backside to 500 PSI - held ok. Pmpd sand in gelled brine - est inj rate. Rel Pkr. POH w/tools. RIH w/overshot and wash 35' sand off RBP. Circ hole clean. RIH w/PKR and set @ 6504'. Inj rate and communicated up backside. Reset PKR @ 6409. Pmpd 2520 BBL 20% HCL w/RS. Rel PKR. RIH w/Guiberson isolation PKR. Bot PKR set @ 5689' and top PKR set @ 5595'. Circ hole w/PKR fluid and tst to 500 PSI (chart attached). Nipple up wellhead. Return well to Injection.

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

SIGNATURE Shirley A. Galik TITLE Mgr. Reg. & Permitting DATE 11/08/95
TYPE OR PRINT NAME For: G. S. Nady TELEPHONE NO. 713/544-4219

(This space for State Use)
ORIGINAL SIGNATURE OF AGENCY
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 16 1995
CONDITIONS OF APPROVAL, IF ANY:



State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-06771
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NORTHEAST DRINKARD UNIT
8. Well No. 811
9. Pool name or Wildcat N. EUNICE BLINEBRY-TUBB-DRINKARD

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Water Injector	
2. Name of Operator SHELL WESTERN E&P INC.	
3. Address of Operator P. O. BOX 1950, HOBBS, NM 88240 505/393-0325	
4. Well Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 23 Township 21 SOUTH Range 37 EAST NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3415' [D F]	

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 & 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. Release Injection Pkr & P O H standing inj tbg back.
2. R I H on workstring w/ Bit & Scraper . Clean out to 6615. P O H.
3. Set Pkr @6505 & treat open hole Drinkard Pay w/ 2500g 20% HCl & 1500# rock salt.. P O H.
4. Set Retrieval Bridge Plug @ 6505 & Pkr @6350. Pump lost circulation paper material into Drk perf 6450-90.
5. Treat the Blinebry perfs 5824>75 with 1386g 20% HCl & 800# rock salt.
6. Pump lost circulating paper material into Blinebry perfs 5720-25 with Pkr & BP @5685&5785 to restrict flow. P O H.
7. R I H w/ dual isolation injection Pkrs & set @5600 & 5690 over the Blinebry perfs 5665>78.
8. Load the backside with inhibited Packer Fluid and record a pressure test of 500psig for 30 minutes for the NMOCD.
9. Return the well to injection & monitor.

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

SIGNATURE C. L. Mann TITLE PRODUCTION FOREMAN DATE 07/18/95
TYPE OR PRINT NAME C. L. MANN TELEPHONE NO. 505/393-0209

(This space for State Use)

APPROVED BY ORIGINAL SIGNATURE TITLE DATE JUL 25 1995
CONDITIONS OF APPROVAL IF ANY: