

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
FOR THE MANUFACTURER
(Reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
SHELL WESTERN E&P INC.

3. ADDRESS OF OPERATOR
P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 660' FNL & 660' FWL SEC. 3

14. ~~XXXXXX~~ API NO.
30-025-09897

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3483' GR

5. LEASE DESIGNATION AND SERIAL NO
NM-2512

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NORTHEAST DRINKARD UNIT

8. FARM OR LEASE NAME
NORTHEAST DRINKARD UNIT

9. WELL NO.
103

10. FIELD AND POOL OR WILDCAT
NORTH EUNICE BLINEBRY-
TUBB-DRINKARD OIL & GAS

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
SEC. 3, T21S, R37E

12. COUNTY OR PARISH
LEA

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

TST CSG; CMT SQZ

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

3-21 to 3-28-88:

Tagged btm @ 5939'. CO to 5984'. Set CIBP @ 5830'. Spot 300 gals 15% HCl-NEA across perfs 5750' - 5806'. Set pkr @ 5495'. Pres tst CSG to 500#, held OK. Sqzd Blinebry perfs 5750' - 5806' w/25 SX Cls "C" cmt + .3% Halad-9 followed by 50 SX Cls "C" cmt + 2% CaCl₂. POH w/pkr. DO cmt 5531' - 5802'. Pres tst sqz to 500#, held OK. Set RBP @ 5980'. Acid perfs 5936' - 66' w/1050 gals 15% HCl-NEA & communicated w/upper perfs. Acid perfs 5854' - 5966 w/6300 gals 15% HCl-NEA + 1250# rock salt. POH w/RBP. Installed prod equip & returned well to prod.

18. I hereby certify that the foregoing is true and correct

SIGNED A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE 6-14-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

SJS

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		NORTHEAST DRINKARD UNIT
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME
SHELL WESTERN E&P INC.		NORTHEAST DRINKARD UNIT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		9. WELL NO.
P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)		103
660' FNL & 660' FWL SEC. 3.		10. FIELD AND POOL OR WILDCAT
		NORTH EUNICE BLINEBRY- TUBB-DRINKARD OIL & GAS
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		SEC. 3, T21S, R37E
14. XXXXXX API NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH
30-025-09897	3483' GR	LEA
		13. STATE
		NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) TST CSG; CMT SQZ			<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

- CO to FC @ 5984'.
- Set RBP @ 5850' & cap w/2 sx sd.
- Set pkr @ 5700' & tst csg to 500#.
- Sqz Blinebry perms 5750' - 5806' w/100 sx Cls "C" cmt + .3% D-60 followed by 50 sx Cls "C" cmt + 2% CaCl₂. POH w/pkr.
- DO cmt & CO to sd cap on RBP. Pres tst sqz to 500#. Circ sd off RBP.
- Acdz perms 5854' - 5966' w/7350 gals 15% HCl-NEA + 1250# rock salt.
- POH w/RBP.
- Install prod equip & return well to prod.

RECEIVED

MAR 18 12 40 PM '88

CARLTON FORE
AREA

18. I hereby certify that the foregoing is true and correct

SIGNED A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE 3-16-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side