

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 88240

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.
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. 702
9. Pool name or Wildcat NORTH EUNICE BLINEBRY-TUBB- DRINKARD OIL & GAS
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3436' GR

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator SHELL WESTERN E&P INC.
3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	4. Well Location Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 15 Township 21S Range 37E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3436' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: CMT SQZ; PERF; AT <input checked="" type="checkbox"/>

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.

2-27-89 TO 3-23-89

POH WITH PROD EQUIP. RIH WITH BLANKING PLUG & PKR. SET PLUG IN MODEL D PKR @ 6407'. SET PKR @ 5950'. PUMPED 50 BBLS 9# BRINE. POH WITH PKR. RIH WITH CMT RET & SET @ 5934'. SQZD TUBB 6030-6240' WITH 250 SX CLASS C CMT. RIH WITH CMT RET & SET @ 5467'. SQZD BLINEBRY 5567-5833' WITH 150 SX CLASS C CMT. DO CMT RET & CMT TO 5650'. PT CSG TO 500# HELD OK. CONT'D DRILLING CMT TO 5844'. DRILLED CMT RET @ 5934 & CMT TO 6299', CIRC'D CLEAN. RIH WITH PKR & SET @ 5950'. PT CSG TO 500#, HELD OK. POH WITH PKR. ATTEMPTED TO PULL BLANKING PLUG OUT OF D PKR. UNSUCCESSFUL, SO MILLED OUT PKR TO 6512', POH WITH PKR AND BLANKING PLUG. DRILLED OUT CMT @ 6512' TO CIBP @ 6525'. DRILLED OUT CIBP & PUSHED TO 6573'. DRILLED OUT TO 6646', CIRC'D CLEAN. PERFED BLINEBRY/TUBB/DRINKARD 5720-6497' WITH 1 JSPF. RIH WITH PKR & SET @ 6460'. ACD WITH 3150 GAL 15% NEFE ACID. POH WITH PKR.

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

SIGNATURE J. H. SMITHERMAN TITLE PROD. ADMIN. ADVISOR DATE MAY 08 1989
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 15 1989

0001 01 1989

RECEIVED

MAY 12 1989

OCD
HODGSON

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: CMT SQZ; PERF; AT <input checked="" type="checkbox"/>	

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.

CONT'D

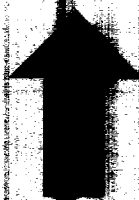
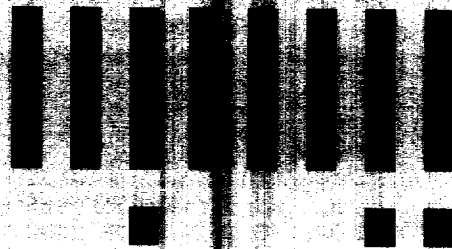
RIH WITH PKR & RBP. SET RBP @ 6475', PKR @ 6275'. ACD WITH 1050 GAL 15% ACID. RESET RBP @ 5950', PKR @ 5850'. ACD WITH 1050 GAL 15% ACID. RESET RBP @ 5880', PKR @ 5530'. ACD WITH 2100 GAL 15% ACID. POH WITH PKR & RBP. RIH WITH PROD EQUIP. RETD TO PROD.

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

SIGNATURE J. H. Smitherman TITLE PROD. ADMIN. ADVISOR DATE MAY 08 1989
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use)

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



LTR



Job separation sheet

1001 6-1-93

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-2012 BY 60322

FEB 10 1993

CCO
MOBBS OFFICE



LTR



Job separation sheet

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
SHELL WESTERN E&P INC.

Address
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	The Argo well #1 in the Blinebry and Drinkard pools. Unitization R-8540
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTHEAST DRINKARD UNIT	Well No. 702	Pool Name, including Formation NORTH EUNICE BLINEBRY-TUBB-DRINKARD OIL & GAS	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3000, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>22</u> Twp. <u>21S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>7/1/82</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

A. J. Fore
(Signature)

A. J. FORE

SUPERVISOR REGULATORY & PERMITTING

(Title)

DEC 1 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 31 1987, 19_____
BY Gerry Sipton
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple completed wells.

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DEC 14 1987

CCD
HOBBS OFFICE