

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.
30-025-20218

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name
NORTHEAST DRINKARD UNIT

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Shell Western E&P Inc.

8. Well No.
510

3. Address of Operator
P.O. Box 576 Houston, TX 77001-0576

9. Pool name or Wildcat
N. EUNICE BLINEBRY-TUBB-DRNKRD

4. Well Location
Unit Letter L : 1980 Feet From The SOUTH Line and 990 Feet From The WEST Line

Section 11 Township 21S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3436' 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: LOG; COMP AS B-T-D POW ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND 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. POH W/PROD EQUIP.
2. CO TO PBTD @ +/-6764'.
3. RUN NGT/CNL/CCL FROM PBTD TO 5400'.
4. PERF BLINEBRY-TUBB-DRINKARD (2 JSPF) @ DEPTHS DETERMINED FROM LOG EVAL.
5. ACDZ BLINEBRY-TUBB-DRINKARD PERFS W/TREATMENTS SCH BASED ON LOG EVAL.
6. INST 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.

SIGNATURE J. H. SMITHERMAN TITLE REGULATORY SUPV. DATE 2/04/91
(713)
TYPE OR PRINT NAME J. H. SMITHERMAN TELEPHONE NO. 870-3797

(This space for State Use)

APPROVED BY JERRY SEXTON
SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: