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 ☐ 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.
918

3. Address of Operator
P.O. Box 576 Houston, TX 77001-0576   (WCK 4465)

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

4. Well Location

Unit Letter __P__ : __330__ Feet From The __SOUTH__ Line and __990__ Feet From The __EAST__ Line

Section __23__   Township __21S__   Range __37E__   NMPM   LEA   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3390' GR

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: __OAP & AT__ ☒			

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 EQMT.
2. CO TO PBTD @ 6683'.
3. PERF (RE-OPEN) BLINEBRY 5547' – 5625' (1 SPF).
   NOTE: THIS BLINEBRY ZN (PERFS 5547' – 5638') WAS SQZD 12/89.
4. SET RBP @ 5650'.
5. AT PERFS 5547' – 5625' W/3500 GAL NE 15% HCL.
6. REL RBP & POH.
7. INST PROD EQMT & RTP.

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

SIGNATURE _J. Marcus Winter_ TITLE _TECH. MANAGER – ASSET ADMIN._ DATE _6/11/93_

TYPE OR PRINT NAME _J. L. MORRIS_   TELEPHONE NO. 713/544-3797

(This space for State Use)

ORIGINAL SIGNED BY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 15 1993

CONDITIONS OF APPROVAL, IF ANY: