

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
reverse side)

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Form approved.  
Budget Bureau No. 1004-6135  
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 NORTHEAST DRINKARD UNIT
2. NAME OF OPERATOR SHELL WESTERN E&P INC.		8. FARM OR LEASE NAME NORTHEAST DRINKARD UNIT
3. ADDRESS OF OPERATOR P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)		9. WELL NO. 111
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2232' FNL & 2310' FEL SEC. 3		10. FIELD AND POOL, OR WILDCAT NORTH EUNICE BLINEBRY- TUBB-DRINKARD OIL & GAS
14. PERMIT NO. API NO. 30-025-26670		11. SEC., T., R., OR BLK. AND SURVEY OF AREA SEC. 3, T21S, R37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3485' GR		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Perf, AT / CTI ☒ (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.)

- 1) POOH w/ prod equip.
- 2) CO to 6875' (TD).
- 3) Perf Blinebry 5807' - 5835' and Tubb 6123' - 6223' w/ 1JSP2F and Blinebry 5862' - 5877' and Tubb 6201' - 6203' w/ 1JSPF.
- 4) Selectively AT Blinebry/Tubb 5807' - 6203' w/ 4200 gals 15% NEFE HCl acid + 250# rock salt + 60 ball sealers.
- 5) CO to 6875' (TD).
- 6) TIH w/ inj equip, setting Guiberson Uni-VI pkr @  $\pm$  5750'.
- 7) Pre test to 500 psi for 30 min.
- 8) Place well on injection.

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

SIGNED E. J. Fore A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE DEC 21 1988

(This space for Federal or State office use)

APPROVED BY                       
CONDITIONS OF APPROVAL, IF ANY:                     

TITLE                     

DATE 1-11-89

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side

RECEIVED

JAN 16 1989

OCD  
HOBBS OFFICE