

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 88241-1980

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. 30-025-06350
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NORTHEAST DRINKARD UNIT
8. Well No. 221W
9. Pool name or Wildcat NORTH EUNICE BLINEBRY-TUBB-DRINKARD

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injector	
2. Name of Operator Shell Western E&P, Inc.	
3. Address of Operator P.O. Box 576, Houston, TX 77001 Shirley Galik - 5239 WCK	
4. Well Location Unit Letter 0 : 2983 Feet From The SOUTH Line and 2317 Feet From The EAST Line Section 2 Township 21S Range 37E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3499' 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: AT. Blinebry Injector ☒

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.

4/05/95 To 4/10/95

POOH w/Inj Eqmt. Set RBP @ 6107' and Pkr @ 6008'. Reset Pkr @ 5793'.  
Pmpd 4000 gals 20% HCL. Rel Pkr and retrieve RBP. Set CIBP @ 6126'.  
Cap w/15" CMT. Set Guiberson Uni VI Pkr @ 5750. PT csg to 500 PSI for  
30 min. Held ok. (Chart attached).  
Return well to injection.

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

SIGNATURE Shirley A. Galik TITLE MGR - Reg. & Permitting DATE 7-9-95  
TYPE OR PRINT NAME Fol: G. S. Nady TELEPHONE NO. 713/544-4219

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

JUL 17 1995

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

JCB

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11

12

PRINTED IN U.S.A. 8  
221

DAY

2

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4

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NIGHT

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TEJAS  
INSTRUMENT ENGINEERS

221W

WIRE NUMBER  
WIRE TYPE  
WIRE TYPE

WIRE NUMBER  
WIRE TYPE  
WIRE TYPE

BR-2221  
B 0-1000-8

Shell NEDU 221W  
Goldster 4-10-95  
Jy M  
Tested for 30 min

Shell Western E & P INC.  
Robert M. Gilbert 4-10-95

221W

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

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.  
30-025-06350

5. Indicate Type of Lease

FED ☐ 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.)

1. Type of Well:

Oil Well ☐ Gas Well ☐ Other Water Injector

2. Name of Operator

SHELL WESTERN E&P INC.

3. Address of Operator

P. O. BOX 576, HOUSTON, TX 77001

4. Well Location

Unit Letter O : 2983 Feet From The South Line and 2310 Feet From The East Line  
Section 2 Township 21 South Range 37 East NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3499' 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: Plug Back, O A P, & Acid Treat ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & 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. RU and set CIBP @ 6126'
2. Isolate and acid treat perms at 6015-6093, with 1800 gallons acid
3. Isolate and acid treat perms at 5861-6093, with 2000 gallons acid
4. Return to injection.

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

SIGNATURE

C. L. Mann

TITLE

PRODUCTION FOREMAN

DATE 03/16/95

TYPE OR PRINT NAME

C. L. MANN

TELEPHONE NO. 505/393-0209

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY

DISTRICT I SUPERVISOR

TITLE

DATE

MAR 31 1995

CONDITIONS OF APPROVAL IF ANY:

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