

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

Form G-101  
Revised (12/1/55)

Lease No. 177073

NOTICE OF INTENTION TO DRILL

Notice must be given to the District Office of the Oil Conservation Commission and approval obtained before drilling or recompletion begins. If changes in the proposed plan are considered advisable, a copy of this notice showing changes will be returned to the sender. Submit this notice in **QUINTUPPLICATE**. One copy will be returned following approval. See additional instructions in Rules and Regulations of the Commission. If State Land submit 6 Copies Attach Form G- 128 in triplicate to first 3 copies of form G-101

Midland, Texas

October 8, 1959

(Place)

(Date)

OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Gentlemen:

You are hereby notified that it is our intention to commence the Drilling of a well to be known as

**TEXACO Inc.**

(Company or Operator)

State of New Mexico "CK"

NCT-1

1

E

(Lease)

Well No. ...., in .... The well is

(Unit)

located **1650** feet from the **North** line and **330** feet from the

**West**

line of Section **36**, T **-18-S**, R **-31-E**, NMPM.

(GIVE LOCATION FROM SECTION LINE)

**Shugart** Pool, **Eddy** County

If State Land the Oil and Gas Lease is No. **E-9222**

If patented land the owner is ....

Address ....

We propose to drill well with drilling equipment as follows: **Rotary**

The status of plugging bond is **\$10,000 blanket surety bond of Maryland Casualty Co. has been filed with State Geologist.**

Drilling Contractor **Not known at present**

We intend to complete this well in the **Queen**

formation at an approximate depth of **4000** feet.

CASING PROGRAM

We propose to use the following strings of Casing and to cement them as indicated:

Size of Hole	Size of Casing	Weight per Foot	New or Second Hand	Depth	Sacks Cement
11"	8-5/8" OD	24#	New	950'	500
6-3/4"	4-1/2" OD	11.6#	New	4000'	300

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

FORMATIONS EXPECTED:

Top of Anhydrite **850'**  
" " Yates **2386'**  
" " Queen **3490'**  
Total Depth **4000'**

Approved **OCT 16 1959**, 19.....  
Except as follows:

Sincerely yours,

**TEXACO Inc.**

(Company or Operator)

By **W. C. Lens**, Gen. Superintendent of  
Position **Drilling and Production**

Send Communications regarding well to

Name **J. H. Markley**

Address **P.O. Box 3109, Midland, Texas**

OIL CONSERVATION COMMISSION

By **W. A. Grissett**

MEXICO OIL CONSERVATION COMMISSION  
Well Location and Acreage Dedication Plat

OCT 15 1959

Section A.

Date 10-8-59

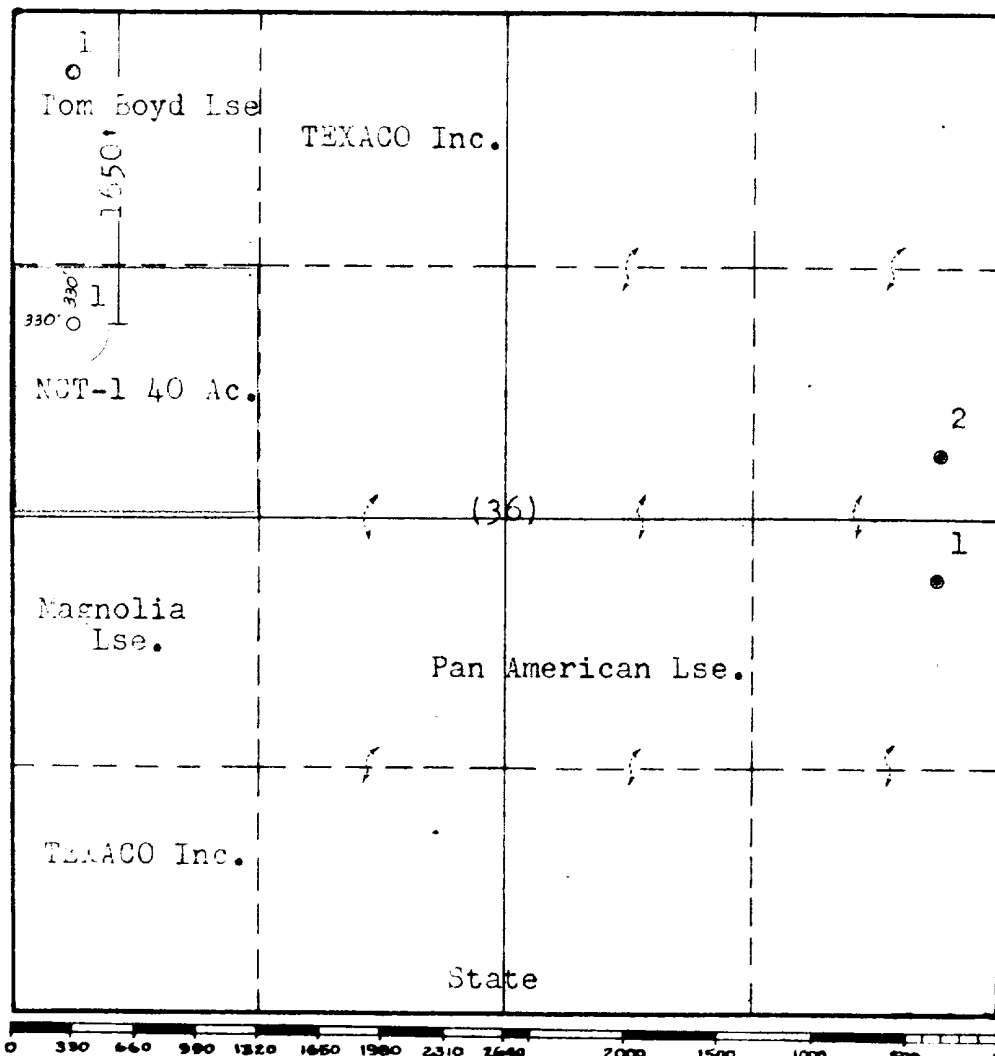
Operator TEXACO Inc. Lease State of New Mexico "CK" NCT-1  
Well No. 1 Unit Letter E Section 36 Township 18-South Range 31-East NMDM  
Located 1650 Feet From North Line, 330 Feet From West Line  
County Eddy G. L. Elevation 3642 Dedicated Acreage 40 Acres  
Name of Producing Formation Queen Pool Shugart

1. Is the Operator the only owner\* in the dedicated acreage outlined on the plat below?  
Yes X No       .
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes        No       . If answer is "yes," Type of Consolidation
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner

Land Description


Section B



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

TEXACO Inc.

(Operator)

[Signature]  
(Representative)

Division Civil Engineer  
P.O. Box 3109, Midland, Texas  
Address

This is to certify that the well location shown on the plat in Section B was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed Oct 7, 1959

[Signature]  
Registered Professional  
Engineer and/or Land Surveyor.

Certificate No. 17617

(See instructions for completing this form on the reverse side)

CONFIRMATION OF COMMISSION	
NAME OF THE OFFICER	POST
Mr. [illegible]	2
OFFICER	1
SARNA	1
PROV. [illegible]	1
STAFF [illegible]	2
C. [illegible]	1
RE [illegible]	✓
NO	
DATE [illegible]	