

NOTICE OF INTENTION TO DRILL Revised

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 such changes will be returned to the sender. Submit this notice in QUINTUPLICATE. 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

Hobbs, N.M. (Place) April 29, 1960 (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

I. W. Lovelady

(Company or Operator)

Phillips State

(Lease)

Well No. 1, in 0 (Unit) The well is

located 1980 feet from the North line and 2310 feet from the

East

line of Section 16, T. 20S, R. 32E, NMPM.

(GIVE LOCATION FROM SECTION LINE)

Halfway Pool,

Lea County

If State Land the Oil and Gas Lease is No. E-6568

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 Bond Being Filed

Drilling Contractor Unknown

We intend to complete this well in the  Yates formation at an approximate depth of 2750' feet.

**Revised 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
<u>13-3/4</u>	<u>10-3/4</u>	<u>32.75</u>	<u>N</u>	<u>1150</u>	<u>Circ. to surface - est. 650 sz.</u>
<u>8-3/4</u>	<u>7</u>	<u>23.0</u>	<u>N</u>	<u>2400</u>	<u>Circ. with 500 sz.</u>
<u>6-3/4</u>	<u>4-1/2</u>	<u>9.5</u>	<u>N</u>	<u>2750</u>	<u>100 sz.</u>

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.)

**Casing to be tested in accordance with provisions of Order B-111-A. 2 c. G-101 sent to International Minerals and Chemical Corp. and National Potash Co. G-128 attached to original notices. Carlsbad, N.M.**

Approved....., 19.....  
Except as follows:

*As per conference with Mr. [unclear] and Mr. [unclear] - No [unclear] to [unclear]*  
*for [unclear] [unclear]*  
By [Signature]  
Engineer District

OIL CONSERVATION COMMISSION

Sincerely yours,

I. W. Lovelady  
(Company or Operator)

By [Signature]

Position Agent

Send Communications regarding well to

Name c/o Oil Reports Box 763 Hobbs, N.M.

Address.....

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**WELL LOCATION AND ACREAGE DEDICATION PLAT**

FORM C-128  
Revised 5/1/57

*SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE*

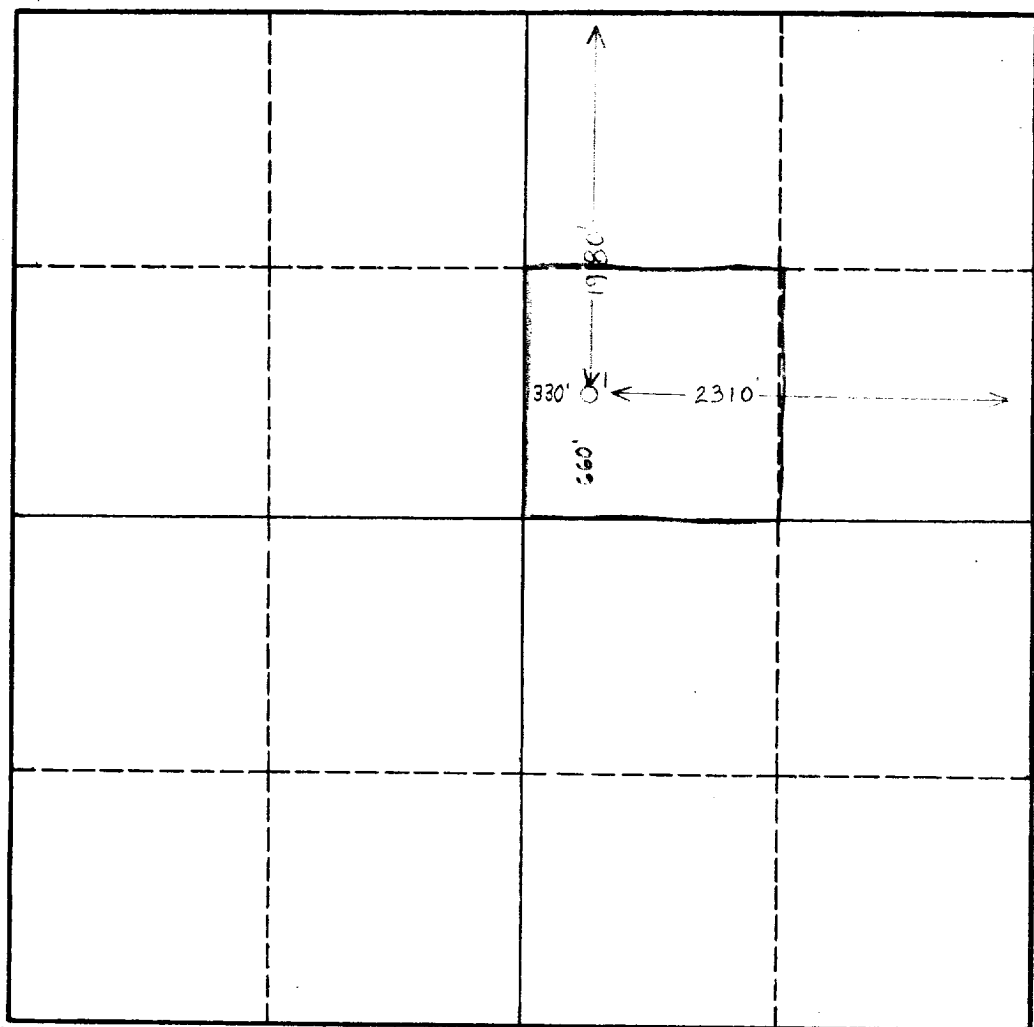
**SECTION A**

Operator <b>I. W. Lovelady</b>		Lease <b>Phillips-State 3 PM 2 25</b>		Well No. <b>1</b>
Unit Letter	Section <b>16</b>	Township <b>20-S</b>	Range <b>32-E</b>	County <b>Lea</b>
Actual Footage Location of Well: <b>1900</b> feet from the <b>North</b> line and <b>2310</b> feet from the <b>East</b> line				
Ground Level Elev.	Producing Formation <b>Yates</b>		Pool <b>Halfway</b>	Dedicated Acreage: <b>40</b> Acres

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES  NO \_\_\_\_ . ("Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (e) NMSA 1935 Comp.)
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**



**CERTIFICATION**

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

Name <i>I. W. Lovelady</i>
Position <b>Owner</b>
Company
Date <b>April 11, 1960</b>

I hereby 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 <b>April 8-1960</b>
Registered Professional Engineer and/or Land Surveyor <i>[Signature]</i>
Certificate No. <b>648</b>



## INSTRUCTIONS FOR COMPLETION OF FORM C-128

1. Operator shall furnish and certify to the information called for in Section A.
2. Operator shall outline the dedicated acreage for *both* oil and gas wells on the plat in Section B.
3. A registered professional engineer or land surveyor registered in the State of New Mexico or approved by the Commission shall show on the plat the location of the well and certify this information in the space provided.
4. All distances shown on the plat must be from the outer boundaries of the Section.
5. If additional space is needed for listing owners and their respective interests as required in question 3 of Section A, please use space below.

**# 1 - INSTRUCTIONS TO DELIVERING EMPLOYEE**

Deliver ONLY to addressee

Show addr where delivered  
(Additional charges required for these services)

**RETURN RECEIPT**

Received the numbered article described on other side.

SIGNATURE OF NAME OF ADDRESSEE (must always be filled in)

*R E Williams*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

*My R Williams*

DATE DELIVERED

ADDRESS WHERE DELIVERED (only if requested in item # 1)

POST OFFICE DEPARTMENT  
OFFICIAL BUSINESS

PENALTY FOR PRIVATE MAIL TO AVOID  
PAYMENT OF TAXES \$500



RETURN  
TO

INSTRUCTIONS: Fill in items below and complete #1 on other side, when applicable. Moisten gummed ends and attach to back of article. Print on front of article RETURN RECEIPT REQUESTED.

REGISTERED NO. 4321	NAME OF SENDER Helen Smith
CERTIFIED NO.	STREET AND NO. OR P. O. BOX P. O. Box 763
INSURED NO.	CITY, ZONE AND STATE Hobbs, N.M.

# 1 - INSTRUCTIONS TO DELIVERING EMPLOYEE  
 Deliver ONLY to addressee  Show ad? delivered where  
(Additional charges required for these services)

**RETURN RECEIPT**

Received the numbered article described on other side.

SIGNATURE OR NAME OF ADDRESSEE (must always be filled in)

E. C. Skinner

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

F. J. Shipley

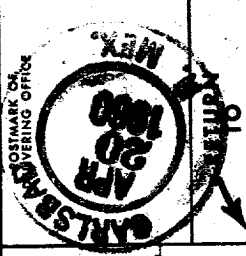
DATE DELIVERED

ADDRESS WHERE DELIVERED (only if requested in item # 1)

4/20/40

POST OFFICE DEPARTMENT  
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300



INSTRUCTIONS: Fill in items below and com-  
plete #1 on other side, when applicable. Moisten  
gummed ends and attach to back of article. Print  
on front of article RETURN RECEIPT REQUESTED.

REGISTERED NO. <b>4390</b>	NAME OF SENDER <b>Helen Smith</b>
CERTIFIED NO.	STREET AND NO. OR P. O. BOX <b>Box 763</b>
INSURED NO.	CITY, ZONE AND STATE <b>Hobbs, N.M.</b>