

MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in triplicate to the Oil Conservation Commission or its proper agent before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or its agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of notice by checking below:

NOTICE OF INTENTION TO TEST CASING SHUT-OFF	XXX	NOTICE OF INTENTION TO SHOOT OR CHEMICALLY TREAT WELL	
NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING	
NOTICE OF INTENTION TO REPAIR WELL		NOTICE OF INTENTION TO PLUG WELL	
NOTICE OF INTENTION TO DEEPEN WELL			

Wink, Texas, March 12, 1936

Place

Date

OIL CONSERVATION COMMISSION,
Santa Fe, New Mexico.

Gentlemen:

Following is a notice of intention to do certain work as described below at the The Texas Company
State "G"
 Company or Operator Lease Well No. G-2 in SW/4 SW/4
 of Sec. 19, T. 19 S, R. 37 E, N. M. P. M., Monument Field,
Lea County.

FULL DETAILS OF PROPOSED PLAN OF WORK
 FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

T.D.3870' Gray lime.

Set and cemented 3853' of 7"OD 24# 10thd Seamless casing at 3870' with 400 sacks Trinity common cement. Completed cementing 6PM 3-11-36. Hal-liburton method.

Will drill plug and test casing by pressure method at 6PM 3-14-36.

TRIPPLICATE

Approved _____, 19_____
 except as follows:

THE TEXAS COMPANY
 Company or Operator

By [Signature]
 Position District Superintendent

Send communications regarding well to
 Name The Texas Company

Address Box K, Wink, Texas

OIL CONSERVATION COMMISSION,

By [Signature]
 Title _____

SECTION 1000000

PLEASE PRINT NAME OF CONTRACTOR AND ADDRESS IN FULL IN THE SPACE PROVIDED BELOW. IF THE CONTRACTOR IS A CORPORATION, PLEASE PRINT THE NAME OF THE CORPORATION AND THE NAME AND ADDRESS OF THE OFFICE OF THE CONTRACTOR.

PLEASE PRINT NAME OF OFFICE CHECKED BY

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NAME OF OFFICE CHECKED BY	ADDRESS OF OFFICE CHECKED BY

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