

DEC 31 1969

Form C-101
Supervises (101)
C-102 and C-103
Effective 1-1-65

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PLANT #	1
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LAND OFFICE	
OPERATOR	4

SUNDRY NOTICES AND REPORTS ON WELLS

YOU MAY NOT USE THIS FORM TO REQUEST A CHANGE OF CATEGORY OR TO REQUEST A DIFFERENT REGULATORY AGENCY. FOR A CHANGE OF CATEGORY, YOU MUST OBTAIN A NEW PERMIT FROM THE AGENCY TO WHICH YOU WANT TO TRANSFER YOUR APPLICATION.

1. NAME OF PARTY OR PARTIES REX S. SHAW, INC.

2. ADDRESS OF PARTY OR PARTIES P. O. Box 2126, Roswell, New Mexico 88201

3. LOCATION OF LAND

UNIT 1650 J FEET FROM THE South LINE AND 1650 FEET FROM LINE AND

SECTION 1 TOWNSHIP 13S RANGE 27E NMPM

15. Elevation (Show whether DF, RT, GR, etc.)

3517.2' GL

6. State Co. & City (Municipality)
 State Co. City
 11-6780
 7. Unit Agreement Name
 -
 8. Firm or Local Name
 Troboud
 9. Unit No.
 1
 10. State and Fed. (Country)
 Under ()
 11. County
 Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOBS
OTHER

ALTERING CASING
PLUG AND REASSEMBLY

17. Describe in detail all Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting, and date of work, see also 1103).

12-27-69. Spudded @ 9:50 P.M.

12-28-78 Drilled to 347'. Lost circ @ 153' & dry drilled to 347'. Ran 363' of 11 3/4" 54#, H-40, new casing set @ 347' RKB. Cmt w/200 sx Class H w/6% Gel, 12 1/2# Gellonite, 1# Floccal per sx. 400 sx Class H w/1/4# Floccal, 2% CaCl₂ per sx. Did not circ. Ran 1" pipe & tagged cmt @ 151'. Pumped 25 sx class H w/6% CaCl₂. Waited 2 hrs - tagged cmt @ 151'. Pumped 10 sx class H w/6% CaCl₂. Waited 30 min. Pumped 10 sx class H w/6% CaCl₂. Waited 1 1/2 hrs - tagged cmt @ 136'. Pumped 205 sx class H cmt (no CaCl₂). Circ 25 sx to pit. Press test to 1500 PSI for 30 min. Test OK. WOC for 15 hrs.

18. I, _____, declare that the information above is true and complete to the best of my knowledge and belief.

510. TITLE *Agent*

12/30/69

CO. - TIME OF APPROVAL, IF ANY.

TITLE THE 1960-1961 REPORT

DATE _____

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