

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-362
7. Unit Agreement Name
8. Farm or Lease Name Shell SWD
9. Well No. 1
10. Field and Pool, or Wildcat Echols (Devonian)
12. County Lea

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt Water Disposal
2. Name of Operator TEXACO Inc.
3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER N 1980 FEET FROM THE West LINE AND 990 FEET FROM THE South LINE, SECTION 2 TOWNSHIP 11S RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3,940' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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. Unable to get inside 3-1/2" tubing @507'.
2. Pumped 180 barrels cement down 8-5/8" casing at 500#. S/I 12 hrs.
3. Top cement @341'.
4. Pumped 300 sx Class 'C' cement down 8-5/8" casing. S/I 16 hrs.
5. 8-5/8" casing full of cement.
6. Set dry hole marker and clean location 5-3-73.

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

SIGNED John W. Runyan TITLE **Assistant District Superintendent** DATE **May 23, 1973**

APPROVED BY John W. Runyan TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: