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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator C & K Petroleum, Inc.		8. Farm or Lease Name Shipp "27"
3. Address of Operator 607 Midland National Bank Bldg., Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER 0, 1980 FEET FROM THE East LINE AND 660 FEET FROM THE South LINE, SECTION 27 TOWNSHIP 16-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, CR, etc.) 2775.8		12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Drilled 7-1/2" hole to 12,402'. Set 5" 18#, N-80 casing at 12,402'. Cemented as Follows:
Pump 15 bbl fresh H2O & 100 sx (1300 cu ft) Class H 50-50 POZ - 2% Gel 3/4 of 1% CFR-2
& 9 lbs salt & 3 lbs. Gilsonite & 1/4 lb Flo-Cele per sx & follow with 300 sx (390 cu ft)
Class H 50-50 POZ 2% Gel - 3/4 of 1% CFR-2 & 9 lbs salt per sx. Total 1690 cu ft cement -
pump plug down w/9.7 lb brine wtr pump plug w/1500 PSI - Released pressure floats, held OK
Plug down 12:45 P.M. 12-29-74. Run temp survey - top cement 8,200'.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 2-6-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: