NO. OF COPIES RECEIVED		7				Form C-103	,	
DISTRIBUTION						Supersedes Old C-102 and C-103		
SANTA FE		NEA MEX	ICO OIL CONS	ERVATION COMMISSION		Effective 1-1-6	5	
FILE								
U.S.G.S.					5a.	Indicate Type	of Lease Fee X	
LAND OFFICE						State		
OPERATOR					5. \$	State Oil & Gas	Lease No.	
						~~~~~	mmm	
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.)						7, Unit Agreement Name		
I. OIL X GAS WELL	[]	OTHER-						
2. Name of Operator						8. Farm or Lease Name		
C & K Petroleum, Inc.						Shipp "34"		
3. Address of Operator						9. Well No.		
607 Midland National Bank Bldg., Midland, Texas 79701						1 Field and Doo	l or Wildogt	
4. Location of Well						10. Field and Pool, or Wildcat Undesignated -Drinkard		
UNIT LETTER K . 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM						Undesigna	ted -Drinkard	
THE West Line, SECTION 34 TOWNSHIP 16-S RANGE 37-E NMPM.								
						Constr	<del>HHHHH</del>	
15. Elevation (Show whether DF, RT, GR, etc.)						. County		
	77.77	37	74.6 GR			.ea	(((((((((((((((((((((((((((((((((((((((	
16.	Check	Appropriate Box T	To Indicate N	ature of Notice, Repor	t or Other	Data		
NOTI	CE OF 1	INTENTION TO:		SUBSE	EQUENT RE	EPORT OF:		
					<u></u>		<u></u>	
PERFORM REMEDIAL WORK	]	PLUG A	NO ABANDON	REMEDIAL WORK			NG CASING	
TEMPORARILY ABANDON			_	COMMENCE DRILLING OPNS.		PLUG A	ND ABANDONMENT	
PULL OR ALTER CASING		CHANGE	PLANS	CASING TEST AND CEMENT JOB			السما	
				OTHER			LJ	
OTHER								
9.		Oti (Closely state	all pertinent det	ails, and give pertinent dates,	including esti	mated date of s	tarting any proposed	
uork) SEE RULE 1103.	ompietea C	operations (Crearry state	an periment der	sers, and gove portment acres,		•	• • • •	
·								
							0. 5 /011	
Alter 8-5/8"	csg p	rogram: This	being file	d to alter the set	ting dept	th of the	8-5/8"	
casing to 42	2001.	Refer to our a	pplication	to drill dated Ap	ril 14, 1	.975.		
_								
			•					
		•						
18. I hereby certify that the	informati	on above is true and com	plete to the best	of my knowledge and belief.				
In A								
SIGNED AND	(10	10/1	TITLE Ad	ministrative Super	visor_	DATE Apri	1 24, 1975	
		A				<i>₽</i> 17 1	· 2	
APPROVED BY		B. Same   P	7 TITLE			DATE		
	AI IF AN	NY: Dia to Resper	,	•				
CONDITIONS OF APPROV	ne, ic at	NY: Dist. I, Supy.						