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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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator C & K Petroleum, Inc.	8. Farm or Lease Name Shipp "27" B
3. Address of Operator P. O. Drawer 3546, Midland, Texas 79702	9. Well No. #1
4. Location of Well UNIT LETTER <u>N</u> , <u>1980'</u> FEET FROM THE <u>West</u> LINE AND <u>660'</u> FEET FROM THE <u>South</u> LINE, SECTION <u>27</u> TOWNSHIP <u>16</u> RANGE <u>37</u> NMPM.	10. Field and Pool, or Wildcat Casey (Strawn)
15. Elevation (Show whether DF, RT, GR, etc.) 3777' GL	12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Production Casing & Cementing</u> <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

SPUDDED 1/16/83:

Ran 292 jts. 5-1/2", 20# & 17# N-80 & S-95 csg set @ 11,608'. Cmt'd @ 11,598' w/800 sk Class H 50/50 poz mix, 4% gel + 200 sk Class H w/0.2% retarder. Displaced cmt w/2% KCL. PD @ 12:45 a.m.

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

SIGNED Carol De Moor TITLE Sec. to Operations Mgr. DATE 2-28-83

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____ DATE MAR 7 1983

CONDITIONS OF APPROVAL, IF ANY: