

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-73

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 Pennzoil Company	8. Farm or Lease Name B. E. Shipp Estate
3. Address of Operator P. O. Drawer 1828, Midland, TX. 79702-1828	9. Well No. 1
4. Location of Well: UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM <u>East</u> THE <u>4</u> LINE, SECTION <u>17-S</u> TOWNSHIP <u>37-E</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Tract Shipp Strawn
15. Elevation (Show whether DF, RT, GR, etc.) 3774.3 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 <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input checked="" 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 1503.

11-5-85 - Spudded @ 11:30 P.M. MST.

11-6-85 - Ran 13-3/8", H-40, 48#, STC casing. Set @ 409'. Cemented w/ 420 sx Class C w/ 2% CaCl₂. Circulated 250 sx to surface.

11-7-85 - WOC 18 hrs. Tested casing to 500 psi. Tested O.K.

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

SIGNED Francisco P. Rodriguez
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISORTITLE Advanced Engineering Technician DATE 11-8-85

APPROVED BY _____

TITLE _____

DATE NOV 12 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 12 1985

O.C.D.
HOBBS OFFICE