

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in TRIPLICATE to the District Office, Oil Conservation Commission, before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Notice by Checking Below

NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO TEMPORARILY ABANDON WELL		NOTICE OF INTENTION TO DRILL DEEPER	
NOTICE OF INTENTION TO PLUG WELL		NOTICE OF INTENTION TO PLUG BACK		NOTICE OF INTENTION TO SET LINER	
NOTICE OF INTENTION TO SQUEEZE		NOTICE OF INTENTION TO ACIDIZE		NOTICE OF INTENTION TO SHOOT (Nitro)	
NOTICE OF INTENTION TO GUN PERFORATE		NOTICE OF INTENTION (OTHER)		NOTICE OF INTENTION (OTHER) <u>Repair casing</u>	<u>X</u>

OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Midland, Texas  
(Place)

September 10, 1954  
(Date)

Gentlemen:

Following is a Notice of Intention to do certain work as described below at the State of New Mexico Lieu (NCT-4)  
The Texas Company Well No. 13 in N  
(Company or Operator) (Unit)  
SE 1/4 SW 1/4 of Sec. 19, T. 20-S, R. 37-E, NMPM, Monument Pool  
(40-acre Subdivision)  
Lea County.

FULL DETAILS OF PROPOSED PLAN OF WORK  
(FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS)

TD:3870'

7" casing set at 3690'.

Casing has been ordered repaired by the New Mexico Oil Conservation Commission.

We desire to repair casing in the following manner:

Run approximately 3800 feet of 4 1/2 inch casing set at a point determined by logs. Casing will be cemented with 400 sacks of 1 to 1 ratio of Pozmix-S cement and 50 sacks of Trinity Inferno cement.

Drill out plug and place well on production.

Approved....., 19.....  
Except as follows:

Approved  
OIL CONSERVATION COMMISSION

By.....

Title.....

The Texas Company

Company or Operator

By.....

Position.....

Asst. Dist. Supt.  
Send Communications regarding well to:

Name.....

Address.....