

## N. MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

## MISCELLANEOUS NOTICES

MAY 1937

Submit this notice in triplicate to the Oil Conservation Commission or its proper agent 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 its 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 TEST CASING SHUT-OFF	<input checked="" type="checkbox"/>	NOTICE OF INTENTION TO SHOOT OR CHEMICALLY TREAT WELL	
NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING	
NOTICE OF INTENTION TO REPAIR WELL		NOTICE OF INTENTION TO PLUG WELL	
NOTICE OF INTENTION TO DEEPEN WELL			

Wink, Texas, May 16, 1937

Place

Date

OIL CONSERVATION COMMISSION,

Santa Fe, New Mexico.

Gentlemen:

Following is a notice of intention to do certain work as described below at the THE TEXAS COMPANYNew Mexico University Well No. 10 in NW $\frac{1}{4}$  NW $\frac{1}{4}$ 

Company or Operator Lease  
 of Sec. 19, T. 20 S, R. 37 E, N. M. P. M., Monument Field,  
Lea County.

## FULL DETAILS OF PROPOSED PLAN OF WORK

FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

T. D. 1100' Anhydrite.

Set and cemented 1056' of 9-5/8" OD 40# seamless casing (34 Jts) at 1073' with 600 sacks Trinity common cement. Completed cementing at 12:00Midnight 5-15-37.

Anticipate drilling plug and testing casing by pressure method at 12:00Midnight 5-18-37.

DUPLICATE

Approved MAY 18 1937, 19\_\_\_\_  
 except as follows:

OIL CONSERVATION COMMISSION,

By

Title

Guy Shepard  
Oil & Gas Inspector

THE TEXAS COMPANY

Company or Operator

By

Position

District Superintendent

Send communications regarding well to

Name

Address

THE TEXAS COMPANYBox K, Wink, Texas

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

OPTIONAL FORM NO. 10

1. Name of the person or organization making the report: *Dr. J. H. Duerksen*

2. Name of the person or organization to whom the report is made:

3. Name of the person or organization for whom the report is made:

4. Title of the report:

5. Date of report:

6. Name of the person or organization making the report:

7. Name of the person or organization to whom the report is made:

8. Name of the person or organization for whom the report is made:

9. Title of the report:

10. Date of report:

11. Name of the person or organization making the report:

12. Name of the person or organization to whom the report is made:

13. Name of the person or organization for whom the report is made:

14. Title of the report:

15. Date of report: