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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-1
Supersedes C-11
C-102 and C-103
Effective 1-1-65

14. Indicate type of notice State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-10792
7. Unit Agreement Name
8. Farm or Lease Name State
9. Well No. 31
10. Field and Pool, or Wilsout Wilson
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- Shut In gas well	
2. Name of Operator Wilson Oil Company	
3. Address of Operator P. O. Box 457, Artesia, New Mexico	
4. Location of Well J 2970 FEET FROM THE North LINE AND 1980 FEET FROM East LINE SECTION 24 TOWNSHIP 21 RANGE 34 NMPM.	
15. Elevation: (Show whether DF, RT, GR, etc.) 3650 LF	

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER Shut In <input checked="" type="checkbox"/>	

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.

Status of the subject well is shut in gas well, since there is no market available in this area.

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

SIGNED M. J. Lauer TITLE Vice President DATE March 4, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: