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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 14 11 25 AM '65

Form C-10
Supersedes Ota
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1399	
7. Unit Agreement Name	
8. Farm or Lease Name Shell State	
9. Well No. 2	
10. Field and Pool, or Wildcat Wilson	
12. County Lea	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Temporarily Abandoned	7. Unit Agreement Name
2. Name of Operator Wilson Oil Company	8. Farm or Lease Name Shell State
3. Address of Operator P. O. Box 457, Artesia, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER N , 4620 FEET FROM THE North LINE AND 330 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 21 RANGE 35 NMPM.	10. Field and Pool, or Wildcat Wilson
15. Elevation (Show whether DF, RT, GR, etc.) 3684 DF	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 type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Temporarily Abandoned

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.

The subject well remains temporarily abandoned and shut in with no immediate plans for remedial work.

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

SIGNED M. R. Larr TITLE Vice President DATE September 13, 1965

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: