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NEW MEXICO OIL CONSERVATION COMMISSION

APR 13 8 15 AM '66

Form C-103
Supersedes Old
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. E-7574

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 type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name South Wilson Deep Unit
2. Name of Operator Sinclair Oil Company	8. Farm or Lease Name South Wilson Deep Unit
3. Address of Operator Western Division, P.O. Box 1506, Midland, Texas 79701	9. Well No. 2
4. Location of Well UNIT LETTER J , 1980 FEET FROM THE south LINE AND 1980 FEET FROM THE east LINE, SECTION 33 TOWNSHIP 21S RANGE 34E N.M.P.M.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3636' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐

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.

Cemented 377 jts (11,888') 7", 29#, R-2, 8rd, N-1 casing at 11,900' w/650 sx Class E Neat. Plug down at 7:30 PM, CST, 4-12-66 w/2500 psi.

After WOC 24 hours tested casing w/6000 psi/30 minutes/no pressure drop.

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

Shell Oil Company as Sub-operator and Agent

SIGNED Original Signed By **R. J. Doubek** TITLE **Division Mechanical Engineer** DATE **April 14, 1966**

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