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

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease

State [X] Fee [ ]

6. State Oil & Gas Lease No.

B-934

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 [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name
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2. Name of Operator

Wood, McShane & Thams - 692, Limited

8. Farm or Lease Name
New Mexico "M" State

3. Address of Operator

P.O. Box 968, Monahans, Texas 79756

9. Well No.
56

4. Location of Well

UNIT LETTER ___P___ , ___148___ FEET FROM THE ___South___ LINE AND ___1300___ FEET FROM

THE ___East___ LINE, SECTION ___19___ TOWNSHIP ___22-S___ RANGE ___37-E___ NMPM.

10. Field and Pool, or Wildcat
Langlie Mattix

15. Elevation (Show whether DF, RT, GR, etc.)
3418 (GL)

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
		OTHER _____	
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.

Ran 3773' (118 Jts.) 5-1/2" 14 and 15.5# J-55 8 Rd. casing and landed at 3773' (GL). Cemented w/125 sx 50-50 Poz w/8% gel and 100 sx. Chem Comp. POB at 2:45 AM, 8-15-73. Top of cement at 2500' (calculated). Tested casing at 2,000 psi for 30 minutes; no drop in pressure. WOC 24 hours.

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

SIGNED _[signature]_   TITLE Petroleum Engineer   DATE 9-5-73

Orig. Signed by
Joe D. Ramey
Dist. 1, Supv.

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: