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NEW MEXICO OIL CONSERVATION COMMISSION
O. C. C.
ALBUQUERQUE, OFFICE
AUG 11 10 29 AM '69

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

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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- Water Injection	7. Unit Agreement Name D. Q. S. U.
2. Name of Operator Cities Service Oil Company	8. Farm or Lease Name Tract 48
3. Address of Operator Box 69 Hobbs, New Mexico	9. Well No. 5
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 330 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 14S RANGE 31E NMPM.	10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.) 4292 GR	12. County Chaves

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p> <p>Shut In <input checked="" type="checkbox"/></p>
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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 above well was shut in on 7-31-69. This injection well is no longer needed in the system.

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

SIGNED *[Signature]* TITLE **District Manager** DATE **8-4-69**

APPROVED BY *[Signature]* TITLE **SUPERVISOR DISTRICT** DATE _____

CONDITIONS OF APPROVAL, IF ANY _____