NO OF COPIES RECEIVED	1	Form C-103	
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
U.S.G.S.			5a, Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR	-		5. State Oil & Gas Lease No.
SUNDF (DO NOT USE THIS FORM FOR PRIUSE "APPLICAT			
1. OIL GAS WELL	other. Plugged well		7. Unit Agreement Name
2. Name of Operator  Cities Service Company (Barney Cockburn)			8. Form or Lease Name COCKBURN STATE
3. Address of Operator			9. Well No.
Box 1919 Midland, TX 79702			10. Field and Pool, or Wildcat
4. Location of Well  UNIT LETTER D . 660 FEET FROM THE NORTH LINE AND 660 FEET FROM			
UNIT LETTER	FROM		
THE West LINE, SECTION 32 TOWNSHIP 17S RANGE 33E NMPM.			MPM. ()
15. Elevation (Show whether DF, RT, GR, etc.)			12. County Lea
16. Check	Appropriate Box To Indicate N	Carure of Notice Report of	Other Data
	NTENTION TO:		JENT 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	
	<u> </u>	OTHERR	e-enter & re-plug 💢
OTHER			
17. Describe Proposed or Completed O work) SEE RULE 1103.	petations (Clearly state all pertinent det	ails, and give pertinent dates, incl	uding estimated date of starting any proposed
T.D. 4473'.			
SEE ATTACHMENT:			
er.			
12. I hereby certify that the information	above is true and complete to the best	of my knowledge and belief.	
	10.	den Onen Man	2/10/00
SIGNED	TITLE Reg	ion Oper. Mgr.	DATE3/18/80
SON C	O	IL'& GAS INSPEC	TOR 1991 15 1980
APPROVED BY CONTRACTOR	TITLE		DATE

CONDITIONS OF APPROVAL, IF ANY: