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NEW MEXICO OIL CONSERVATION COMMISSION

MAY 12 3 03 PM '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.
B-5310

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.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- Shut-in	7. Unit Agreement Name
Name of Operator			State CB
Cities Service Oil Company			8. Farm or Lease Name
3. Address of Operator			5
Box 69, Hobbs, New Mexico			9. Well No.
4. Location of Well			Corbin
UNIT LETTER G , 1650 FEET FROM THE North LINE AND 1650 FEET FROM			10. Field and Pool, or Wildcat
THE East LINE, SECTION 32 TOWNSHIP 17S RANGE 33E NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
4045' GR			Los

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	Well Status <input checked="" type="checkbox"/>

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.

This well is shut-in, waiting on orders.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u><i>[Signature]</i></u>	TITLE District Clerk	DATE May 11, 1966
APPROVED BY <u><i>[Signature]</i></u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		