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HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION

DEC 14 12 07 PM '65

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
7. Unit Agreement Name
8. Farm or Lease Name State CB
9. Well No. 5
10. Field and Pool, or Wildcat Corbin
12. County Lea

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
1. Name of Operator Cities Service Oil Company
2. Address of Operator Box 69, Hobbs, New Mexico
3. Location of Well UNIT LETTER G , 1650 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 17S RANGE 33E NMPM.
15. Elevation (Show whether DF, RT, GK, etc.) 4045' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Well Status

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 *E. J. Fielder* TITLE **District Superintendent** DATE **December 13, 1965**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: