

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

<p align="center">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.)</p>		<p>5a. indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>				
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p>		<p>5. State Oil & Gas Lease No. B-5310</p>				
<p>2. Name of Operator Cities Service Company</p>		<p>7. Unit Agreement Name SMGSAU</p>				
<p>3. Address of Operator Box 1919 Midland, TX 79702</p>		<p>8. Farm or Lease Name Tract 9</p>				
<p>4. Location of Well UNIT LETTER H 1650 FEET FROM THE North LINE AND 330 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 17S RANGE 33E NMPM.</p>		<p>9. Well No. 5</p>				
<p>15. Elevation (Show whether DF, RT, GR, etc.) 4051' GR</p>		<p>10. Field and Pool, or Wildcat Maljamar (G-SA)</p>				
<p>16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p> <table border="0"> <tr> <td> <p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAC 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> </td> <td> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> </td> <td> <p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOBS <input type="checkbox"/></p> <p>OTHER <input checked="" type="checkbox"/> Witnessed casing leak survey & identification of above ground connections from casingheads.</p> </td> <td> <p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p> </td> </tr> </table>		<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAC 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>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOBS <input type="checkbox"/></p> <p>OTHER <input checked="" type="checkbox"/> Witnessed casing leak survey & identification of above ground connections from casingheads.</p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>	<p>12. County Lea</p>
<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAC 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>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOBS <input type="checkbox"/></p> <p>OTHER <input checked="" type="checkbox"/> Witnessed casing leak survey & identification of above ground connections from casingheads.</p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>			
<p>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 1103.27</p> <p>Dug out cellar. Installed riser to surface from one valve on each casinghead. Installed a second valve on each riser above ground and properly identified each, as required and witnessed by NMOCD. Melvin Crossland with NMOCD witnessed and approved the installations. Backfilled cellar.</p>						

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

SIGNED E. Spaulder TITLE Region Operations Manager DATE 3/9/79

APPROVED BY M. G. Crossland TITLE OIL & GAS INSPECTOR DATE MAR 13 1979

CONDITIONS OF APPROVAL, IF ANY: