

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	

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 SMGSAU
8. Farm or Lease Name Tract 9
9. Well No. 2
10. Field and Pool, or Wildcat Maljamar (G-SA)
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Cities Service Company
3. Address of Operator Box 1919 Midland, TX 79702
4. Location of Well UNIT LETTER <u>A</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17S</u> RANGE <u>33E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) UNKNOWN

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Witnessed casing leak survey & identification of above ground connections from casingheads.
	ALTERING CASING <input type="checkbox"/>
	PLUG AND ABANDONMENT <input 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 1103.27

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.

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

SIGNED [Signature] TITLE Region Operations Manager DATE 3/9/79

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE MAR 13 1979

CONDITIONS OF APPROVAL, IF ANY: