•		•	_	
NO. OF COPIES RECEIVED				Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103	
SANTA FE	NEW NEW	MEXICO OIL CONSE	Effective 1-1-65	
FILE				
U.S.G.S.				5a. Indicate Type of Lease
LAND OFFICE				State X Fee
OPERATOR				5. State Oil & Gas Lease No.
				B-2516
SUNDRY NOTICES AND REPORTS ON WELLS [00 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.)				7. Unit Agreement Name
OTHER WATER INJECTION WELL				SMGSAU
WELL WELL	8. Farm or Lease Name			
Name of Operator	Tract 6			
Cities Service	9. Well No.			
Address of Operator	2			
	idland, TX 797	102		10. Field and Pool, or Wildcat
4. Location of Well N	660	FROM THE South	1980	Maljamar (G-SA)
UNIT LETTER	FEET	FROM THE	LINE AND	
THELINE,	SECTION29	TOWNSHIP	S RANGE 33E	_ NMPM. ()
mmmmm	15. E	Elevation (Show whether	DF, RT, GR, etc.)	12. County
		4046' GI		Lea
16. CL	and Appropriate	Box To Indicate N	ature of Notice, Report	or Other Data
	OF INTENTION T		SUBSEC	QUENT REPORT OF:
		<u></u>	ŕ	ALTERING CASING
PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK	PLUG AND ABANDONMENT
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.	PLUG AND ASANDONMENT
PULL OR ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT JOB L	I asing leak survey &
			identificati	asing leak survey & X
OTHER				from casingheads.
17. Describe Proposed or Comple	eted Operations (Clear	ly state all pertinent deta	ails, and give pertinent dates, in	scluding estimated date of starting any propose
work) SEE RULE 1103.			;	
•				
		Turkall.	ad migan to curface	from one
	Dug out ce	Liar. Installe	ed riser to surface . Installed a secon	nd valve
	valve on e	ach casingneau	nd and properly iden	ntified
	on each ri	ser above grow	tnessed by NMOCD.	Melvin
	each, as r	rith NMOCT) wit	nessed and approved	the in-
	crossiana etallation	ns. Backfilled	cellar.	
	Stallation	Decurrance		
				•
		•		

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

SIGNED

TITLE REGION OPERATIONS Manager:

DATE 3/9/79

APPROVED BY DATE MAR 13 1979

CONDITIONS OF APPROVAL, IF ANY: