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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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-2516

<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>	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WATER INJECTION WELL	7. Unit Agreement Name SMGSAU
2. Name of Operator Cities Service Company	8. Farm or Lease Name Tract 7
3. Address of Operator Box 1919 Midland, TX 79702	9. Well No. 4
4. Location of Well UNIT LETTER I 1650 FEET FROM THE South LINE AND 990 FEET FROM THE East LINE, SECTION 29 TOWNSHIP 17S RANGE 33E NMPM.	10. Field and Pool, or Wildcat Maljamar (G-SA)
15. Elevation (Show whether DF, RT, GR, etc.) 4095' DF	12. County Lea

<p>16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p>	
<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL 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>SUBSEQUENT REPORT OF:</p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER Witnessed casing leak survey & identification of above ground connections from casingheads. <input checked="" type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>

7. 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.

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.

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

<p>INED <u>E. J. J. J.</u></p> <p>PROVED BY <u>M. G. Crossland</u></p> <p>INDICATIONS OF APPROVAL, IF ANY:</p>	<p>TITLE <u>Region Operations Manager</u></p> <p>TITLE <u>OIL & GAS INSPECTOR</u></p>	<p>DATE <u>3/9/79</u></p> <p>DATE <u>MAR 13 1979</u></p>
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