

ES RECEIVED	
DISTRIBUTION	
OFFICE	
FOR	

NEW MEXICO OIL CONSERVATION COMMISSION

JUN 16 8 45 AM '69

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

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

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-131) FOR SUCH PROPOSALS.)

7. Unit Agreement Name
D. Q. S. U.
8. Farm or Lease Name
Tract 45
9. Well No.
4
10. Field and Pool, or Wildcat
Caprock Queen

ALL GAS WELL OTHER- **Water Injection**
Name of Operator
Cities Service Oil Company
Address of Operator
Box 69 - Hobbs, New Mexico 88240
Location of Well
UNIT LETTER **N** **660** FEET FROM THE **South** LINE AND **1980** FEET FROM
THE **West** LINE, SECTION **11** TOWNSHIP **14S** RANGE **31E** NMPM.

15. Elevation: (Show whether DF, RT, GR, etc.)
4406 DF
12. County
Chaves

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Shut In <input checked="" 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.

The above well was shut in on 5-31-69. This injection well is no longer needed in the system.

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

SIGNED ORIGINAL SIGNED G. D. ROBERTSON TITLE District Admin. Manager DATE 6-13-69

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: