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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		
2. Name of Operator Cities Service Oil Company		
3. Address of Operator Box 69 - Hobbs, New Mexico 88240		
4. Location of Well UNIT LETTER C 800 FEET FROM THE North LINE AND 1800 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 12S RANGE 32E N.M.P.M.		
15. Elevation (Show whether DF, RT, GR, etc.) -		

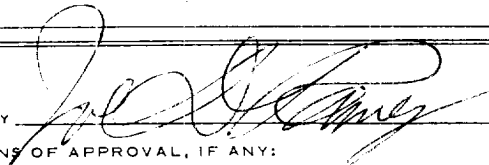
5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. B-9948	
7. Unit Agreement Name	
8. Farm or Lease Name Soldier Hill A-St.	
9. Well No. 1	
10. Field and Pool, or Wildcat Caprock Dev. East	
12. County Lea	

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 JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Shut In

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 5-2-70. This well is uneconomical to produce due to the high maintenance cost of the submergible pump. Please cancel the allowable effective 6-1-70.

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

SIGNED _____	TITLE District Admin. Supervisor	DATE 5/7/70
APPROVED BY 	TITLE SUPERVISOR DISTRICT	DATE MAY 11 1970
CONDITIONS OF APPROVAL, IF ANY:		

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MAY 11 1970

OIL CONSERVATION COMM.
HOBBES, N. H.

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