	Form C-103
DISTRIBUTION	Supersedes Old C-102 and C-103
TA FE NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
E Non-All Mann	
.c.s. Ver 1 23 11 39	5a. Indicate Type of Lease
ND OFFICE	State X Fee
ERATOR	5. State Oil & Gas Lease No.
	mmmmm.
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.)	
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	7, Unit Agreement Name
OIL GAS OTHER- Water Injection	
Name of Operator	8. Farm or Lease Mame
Citles Service Oil Company	Tract 38
Address of Operator	9. Well No.
Box 69, Habbs, New Mexico	4
Location of Well // 3 0 5	10. Field and Pool, or Wilacat
UNIT LETTER D , 660 FEET FROM THE NORTH LINE AND 660 FEET FE	Caprock Queen
UNIT LETTER D , TOO FEET FROM THE NOTE IN LINE AND OOU FEET FR	THITTING TO STATE OF THE STATE
THE West LINE, SECTION 2 TOWNSHIP 145 RANGE 31E NM	
NM	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4417 GR	Chaves
Check Appropriate Box To Indicate Nature of Notice, Report or	Other Data
	ENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
	PLUG AND ABANDONMENT
PULL OR ALTER CASING TEST AND CEMENT JOB	
OTHER CASING CHANGE PLANS CASING TEST AND CEMENT JQB OTHER Shut In	PLUG AND ABANDONMENT
OTHER OTHER CASING CHANGE PLANS CASING TEST AND CEMENT JQB OTHER Shut In  OTHER Shut In  7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include work) SEE RULE 1103.  The above well was shut in on 9-5-69. This injection well is	ling estimated date of starting any proposed
OTHER	ling estimated date of starting any proposed
OTHER Shut In  OTHER Shut In  OTHER Shut In  OTHER Shut In  The above well was shut In on 9-5-69. This Injection well is	ling estimated date of starting any proposed
CHANGE PLANS  CASING TEST AND CEMENT JOB OTHER  The above well was shut in on 9-5-69. This injection well is in the system.  8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  ORIGINAL SIGNED	ling estimated date of starting any promosed in no longer needed
CHANGE PLANS  CASING TEST AND CEMENT JQB  OTHER  The above well was shut in on 9-5-69. This injection well is in the system.  3. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  ORIGINAL SIGNED  ORIGINAL SIGNED  OTHER Shut in  CASING TEST AND CEMENT JQB  OTHER Shut in  CASING TEST AND CEMENT JQB  OTHER Shut in  OTHER Shut	ling estimated date of starting any promosed in no longer needed