

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 11 6 15 AM '69

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U.S.G.S.		
LAND OFFICE		
OPERATOR		

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-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name D.Q.S.U.
2. Name of Operator Cities Service Oil Company	8. Firm or Lease Name Tract 42
3. Address of Operator Box 69, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER C 330 FEET FROM THE North LINE AND 1650 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 14S RANGE 31E NMPM.	10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.) -	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 JOBS <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 9-5-69. This well is uneconomical to produce due to low oil and high water production. Please cancel the allowable effective 10-1-69.

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 Dist. Admin. Mgr. DATE 9-8-69

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE SEP 11 1969

CONDITIONS OF APPROVAL, IF ANY: