| NO. OF COPIES RECEIVED                           | 1  | •                                     | ,   |
|--|--|---------------------------------------|---|
| DISTRIBUTION                                     | NEW MEXICO OIL CONSERVATION COMMISSION   |                                       | Form C-103                                |
| SANTA FE   |  |                                       | Supersedes Old<br>C-102 and C-103         |
| FILE   | MEN WEXICO DIE CONSE   | ERVATION COMMISSION                   | Effective 1-1-65                          |
| U.S.G.S.   | 1  |                                       |   |
| LAND OFFICE                                      | 1  |                                       | Sa. Indicate Type of Lease                |
| OPERATOR   |  |                                       | State X Fee                               |
|  | 1  |                                       | 5. State Cr. 6 Gas Lease No.              |
| SUNDR  | Y NOTICES AND DEBORTS ON   | WELL C                                | E-2929                                    |
| (DO NOT USE THIS FORM FOR PRO                    | RY NOTICES AND REPORTS ON A POSALS TO DRILL OF TO DEEPEN OF PLUG BATTON FOR PERMIT - " IFORM C-101) FOR SUCH | WELLS                                 |   |
| l.   | C-,OTT FOR SUCK  | PROPOSALS,)                           |   |
| WELL WELL  | OTHER.   |                                       | 7. Unit Agreement Name                    |
| 2. Name of Operator                              |  |                                       | 8. Farm or Lease Name                     |
| Cities Service Oil and Gas Corporation           |  |                                       | State BM                                  |
| 3. Address of Operator                           |  |                                       | 9. Well No.                               |
| P.O. Box 1919 - Midland, Texas 79702             |  |                                       | 7. "en No.                                |
| 4. Location of Well                              |  |                                       | 10. Field and Pool, or Wildcat            |
| UNIT LETTER K                                    | 980 FEET FROM THE South  | 1980                                  |   |
|  |  |                                       | Caudill Permo Penn                        |
| THE WEST LINE, SECTIO                            | 16 TOWNSHIP 15S  | 36E                                   |   |
| mmmmmm.  |  |                                       | <u>~ (          </u>                      |
|  | 15. Elevation (Show whether D  | F, RT, GR, etc.)                      | 12. County                                |
| 16.  | 3912' DF   |                                       | 1103                                      |
| Check A  | Appropriate Box To Indicate Na   | ture of Notice Paper of C             | 200                                       |
| NOTICE OF IN                                     | TENTION TO:  | SUBSECUE                              | Ther Data  TREPORT OF:                    |
|  | 1  | 306320021                             | NI REPORT OF:                             |
| PERFORM REMEDIAL WORK                            | PLUG AND ABANDON   | REMEDIAL WORK                         |   |
| TEMPORARILY ABANDON                              |  | COMMENCE DRILLING OPNS.               | ALTERING CASING                           |
| PULL OR ALTER CASING                             | f 11   | CASING TEST AND CEMENT JOB            | PLUG AND ABANDONMENT                      |
|  | _  | OTHER                                 | _   |
| OTHER  |  |                                       |   |
| 17. Describe Proposed or Completed Ope           | erations (Clearly state all and  |                                       |   |
| work) SEE RULE 1103.                             | erations (Clearly state all pertinent details  | s, and give pertinent dates, includin | g estimated date of starting any proposed |
| O.T.D. 13,585' Lime, PBT unseccessful. MIRILA co | D 11,225'. The workover  | to recomplete in the                  | Devonian Formation was -                  |
| and DD CIBP's set @ 11,2                         | 60' and 13,000' and pushe<br>ubing and set RTTS @ 13.3   | d remains of CIRP's +                 | w/kb on 2-//8" tubing                     |
| onian Boufe 72 AGS                               | ubing and set RTTS @ 13,3<br>510', 4 BO + 70 BW/4 hrs.   | 42'. 14 hr. SITP 65#                  | Swabbod from Alia                         |
| no additional Day :                              | 510', 4 BO + 70 BW/4 hrs. ones to perforate. POOH  | Ran GR/CNL from 13                    | . Swabbed, from old Dev-                  |
| dumped 4 spake - 6                               | ones to perforate. POOH (35') on top of CIBP @ 1   | w/tubing and RTTS s                   | 200 = 12,445 and Tound                    |
| Perfs @ 12 462 12 5701                           | (35') on top of CIBP @ 1 . Set a CIBP @ 11.260' a  | 3,000 - 12.965                        | Ting off the old Dovert                   |
| CIRP 0 11 260 11 2051                            | Set a CIBP @ 11,260' a plugging off the old Str  | nd dumped 4 sacks of                  | Sement (351) on top of                    |
| 2-7/8" tubing 8 11,225',                         | . Set a CIBP @ 11,260' a<br>plugging off the old Stra<br>Swabbed thru Hueco Perf<br>l on the pump. Pumped on | awn Perfs @ 11.471 -                  | 11 497' Pan and got                       |
| rods and BHP and nut                             | . Swabbed thru Hueco Perf:   | s 10,255 - 10,517' 6 BC               | ) + 92 RW/6 hrs Pan                       |
| 10 BO + 14 BW/24 bys                             | l on the pump. Pumped on<br>orkover complete.  | retest from the Hueco                 | ) Perfs 10 255 10 5171                    |
| 10 BO + 14 BW/24 hrs. Wo                         | orkover complete.  |                                       | 7 (6) (3) (0,233 - 10,517                 |
|  |  | -                                     |   |
|  | •  |                                       |   |
|  |  | £                                     |   |
| ·  |  |                                       |   |
|  |  |                                       |   |
| 8. I hereby certify that the                     |  | <u> </u>                              |   |
| on the information at                            | pove is true and complete to the best of m   | y knowledge and belief.               |   |
|  | /·   |                                       |   |
| IGNED - CME ST                                   | ants ritle Reg.  | Opr. Mgr Prod.                        | 12-27-84                                  |
| ORIGINAL SIGNED                                  |  |                                       | 12-27-04                                  |
| PPROVED BY DISTRICT IS                           |  |                                       | сва <b>з 106М</b>                         |
|  | TITLE  |                                       | THE GALLES                                |
| ONDITIONS OF APPROVAL, IF ANY:                   |  |                                       |   |

CONDITIONS OF APPROVAL, IF ANY:

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467 834 9 805 11 DEC 28 1984

O.C.D. HOBBS OFFICE

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