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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: L-5813

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 [ ] GAS WELL [ ] OTHER- CO_2 Supply

7. Unit Agreement Name:

2. Name of Operator: Cities Service Company

8. Farm or Lease Name: State DJ

3. Address of Operator: P.O. Box 1919 - Midland, Texas 79702

9. Well No.: 1

4. Location of Well: UNIT LETTER F, 1650 FEET FROM THE North LINE AND 1880 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 19N RANGE 29E NMPM.

10. Field and Pool, or Wildcat: Bravo Dome Area

15. Elevation (*Show whether DF, RT, GR, etc.*): 4677' GR

12. County: Harding

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[X]			COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]	CASING TEST AND CEMENT JOB	[ ]		
OTHER	[ ]			OTHER Continued Shut-in Status			[X]

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.

T.D. 2351' Granite, PBTD 2300'. This well was completed as a shut-in CO_2 supply well on 5-1-81 and remains shut-in due to the lack of pipeline facilities in the area.

AUTHORIZATION FOR MAINTENANCE IN SHUT-IN OR TEMPORARY ABANDONMENT STATUS EXPIRES 9/9/83

RECEIVED
SEP - 8 1982
OIL CONSERVATION DIVISION
SANTA FE

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

SIGNED Elmer Startz TITLE Region Opr. Mgr. - Prod. DATE 8-26-82

APPROVED BY [signature] TITLE DISTRICT SUPERVISOR DATE 9-9-82

CONDITIONS OF APPROVAL, IF ANY: