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NEW MEXICO OIL CONSERVATION COMMISSION

FEB 18 1977

O. C. C.
ARTESIA, OFFICE

Form C-101
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR REEQUIP A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT "A" (FORM C-102) FOR SUCH PROPOSALS.

1. Kind of Well ☒ OIL WELL ☐ GAS WELL ☐ OTHER _____

2. Name of Operator
Cities Service Oil Company

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

4. Location of Well
UNIT LETTER B 990 FEET FROM THE North LINE AND 2310 FEET FROM
THE East LINE, SECTION 2 TOWNSHIP 18-S RANGE 27-E NMPM.

5. Elevation (Show whether DF, RT, GR, etc.)

5a. Indicate Type of Lease
State ☒ Fee ☐

6. State Oil & Gas Lease No.
5-1-73

7. Unit Agreement Name

8. Name of Lease Holder
Wright A State

9. Well No.
2

10. Field and Pool, or Wildcat
Empire Yates - 7 Rivers

12. County
Eddy

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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. 439', Lime. This well was plugged in the following manner:

1. MIRU casing puller. Pulled rods, pump and tubing.
2. RIH with 2-3/8" EUE tubing.
3. Pumped 90 sacks Class C cement into hole. Circulated 10 sacks to pit.
4. Installed 4" dry hole marker.

Postcard
1.D-2
P & A
3-4-77

Mike Williams ~~son~~ with New Mexico Oil Conservation Commission witnessed job.

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

By E. Spindler TITLE Region Operations Manager DATE 2/17/77

By Mike Williams TITLE OIL AND GAS INSPECTOR DATE APR 4 1977

IONS OF APPROVAL, IF ANY: