NO. OF COPIES RECEIVED	J5 I		Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	+,+	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	1-	HEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee
OPERATOR	3		5. State Oil & Gas Lease No.
	للحل		647
	SUNDR	Y NOTICES AND DEPORTS ON WELLS	annonnino de la company de
(DO NOT USE THIS FOUNDED	ORM FOR PRO	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)	
1.		(Sim C) C) C) C C C C C C C C C C C C C	7. Unit Agreement Name
OIL A GAS		OTHER-	
2. Name of Operator		V .	8. Farm or Lease Name
Cima Cap	itan, I	ine, (n.s.L.)	Welch State
3. Address of Operator			9. Well No.
Box 1343	, Artes	ia, New Mexico	1
4. Location of Well		17/	10. Field and Pool, or Wildcat
UNIT LETTER		1570 FEET FROM THE B LINE AND 1570 FEET FR	Artesia
	, <u></u> -	LINE AND PEET PR	
THE S	LINE, SECTIO	DN 17 TOWNSHIP 188 RANGE 28E NM	
		NAME NAME	
		15. Elevation (Show whether DF, RT, GR, etc.)	12. County
			Bidy
6.	Check A	Appropriate Box To Indicate Nature of Notice, Report or (
NOTI			
	00 01 114	SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK	٦	PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	X		ALTERING CASING
PULL OR ALTER CASING	7	CHANGE PLANS CASING TEST AND CEMENT IOR	PLUG AND ABANDONMENT
LOTE ON WEIER CHRING			_
OTHER		OTHER	
OTHER			
7. Describe Proposed or Co	ompleted Op-	erations (Clearly state all pertinent details, and give pertinent dates, include	ing estimated date of starting any propose
work) SEE RULE 1103.			
Plan to	tempor	arily abandon this well on or about 16 Feb. 19	MG. Dies de
set 25	sack ca	ment plug 2300° to 2200°; 25 sack plug 2100° t	10 2000 and 25
mank pl	1970	to 1870'. This will properly confine fluids	0 2001 380 29
20006	27 an +	o mail mo over a warm backers. A mail of a same of the o	to guest, baccour
20189	ridh C	o pull no casing.	
		REC	EIVED
		• •	
			A C SOCE
		FEB	1 5 1955
		FEB	7.0 1200
			10 1300 German
		. Excitations of	
8. I hereby certify that the	information :		
8. I hereby certify that the	information :	. Excitations of	
2/1/	information :	above is true and complete to the best of my knowledge and belief.	C. Caller.
2/1	information :	. Excitations of	
2/1/	information :	above is true and complete to the best of my knowledge and belief.	
2/1/	information :	above is true and complete to the best of my knowledge and belief.	
SIGNED SIGNED SPROVED BY STATE OF APPROVED BY	5 must	above is true and complete to the best of my knowledge and belief. TITLE RESIDENCE TITLE TITLE TO THE TOWN THE TOWN THE TITLE TOWN THE TITLE TOWN THE TOWN THE TITLE TOWN	