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NEW MEXICO OIL CONSERVATION COMMISSION
APR 12 1972

U. S. C.
ARTESIA, OFFICE

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.
647

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 [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name

2. Name of Operator
CITIES SERVICE OIL COMPANY

8. Farm or Lease Name
Ohio B-State

3. Address of Operator
P.O. Box 69, Hobbs, New Mexico 88240

9. Well No.
1

4. Location of Well

UNIT LETTER G , 1650 FEET FROM THE North LINE AND 2310 FEET FROM

THE East LINE, SECTION 5 TOWNSHIP 18S RANGE 28E NMPM.

10. Field and Pool, or Wildcat
Empire Abo

15. Elevation (Show whether DF, RT, GR, etc.)
3649 GR

12. County
Eddy

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [X]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

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.

We propose to PB and recomplete in the following manner:

1. MIRU pulling unit and install BOP
2. Pull tubing and Gulberson KVL-30 packer.
3. Set a CIBP @ 6219 (5½" set @ 6350)
4. Perforate the upper Abo Formation with 9H/6158-6166, 7H/6174-6180, 7H/6184-6190, 7H/6192-6198, 5H/6204-6208
5. Run tubing W/packer and put well on test
6. If well will not flow top allowable, acidize perfs (6158-6208) W/3000 gals. 15% HCL and 50 ball sealers.

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

SIGNED _____ R. L. ROBERTSON   TITLE Dist. Admin. Supervisor   DATE 4-11-72

APPROVED BY _W. A. Gressett_   TITLE _____   DATE _____ 1972

CONDITIONS OF APPROVAL, IF ANY: