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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

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

NOV 9 1970

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 647
7. Unit Agreement Name
8. Farm or Lease Name Ohio B-State
9. Well No. 2
10. Field and Pool, or Wildcat Empire Abo
12. County Eddy

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator Cities Service Oil Company
3. Address of Operator Box 69 - Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER H , 1650 FEET FROM THE North LINE AND 990 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 18S RANGE 28E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3664 DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

TD 6351 OPBTD 6315 Prep to PB and recomplete in the following manner:

1. RI up workover rig and pull tubing.
2. Set CI Bridge Plug above old perms. (6242-6288)
3. Perforate the upper Abo pay with 20 holes @ approx. 6210-6220.
4. Test natural and if necessary acidize to bring well back to a flowing status.
5. Run tubing and install wellhead equipment.

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

SIGNED _____ TITLE **District Admin. Supervisor** DATE **11/5/70**

APPROVED BY W. A. Gressett TITLE **OIL AND GAS INSPECTOR** DATE **NOV 9 1970**

CONDITIONS OF APPROVAL, IF ANY: