|  | 12             |              | · · · ·                  |                       |                        |                                       |                           |                          |
|--|----------------|--------------|--------------------------|-----------------------|------------------------|---------------------------------------|---------------------------|--------------------------|
| NO. OF COPIES RECEIVED                           | $\frac{13}{3}$ | <del></del>  |                          |                       |                        |                                       | Form C+1(                 |                          |
| DISTRIBUTION                                     | <del>,</del>   | <b>├</b>     |                          |                       | R                      | ECEIVED                               | Supersede<br>C-102 una    |                          |
| ANTA FE  | 1/             | <b>┼</b> ──┨ | NEW MEXI                 | CO DIL CONS           | ERVATION COMM          | ISSTON -                              | Eliective                 | 1-1-65                   |
|  | -+/-           |              |                          |                       |                        |                                       |                           |                          |
| .s.g.s.  |                | <b>┼</b> ──┨ |                          |                       | JAN                    | 111982                                | sa, indicate 7<br>State X |                          |
| AND OFFICE                                       |                |              |                          |                       |                        |                                       |                           | Fee                      |
| PERATOR  | 1              |              |                          |                       | 0.                     | . C. D.                               |                           | Gas Lease No.<br>O       |
|  |                |              |                          |                       |                        | Sta OSTICE                            | B-894                     | 19                       |
| (DO NOT USE THIS F                               | SU             | INDRY        | NOTICES AND R            | EPORTS ON             | WELLS                  | ESERVOIR.                             |                           |                          |
|  |                | LICATIO      | N FOR PERMIT _** IFORM   | C-101) FOR SUC        | H PROPOSALS.)          |                                       | 7. Unit Agree             | n.ent Name               |
| OIL GAS  | λ              | ]            | OTHER-                   |                       |                        |                                       |                           |                          |
| Name of Operator                                 |                |              |                          |                       |                        |                                       | 8, Farm or Le             | use Name                 |
| Cities Se  | State I        | DB Com.      |                          |                       |                        |                                       |                           |                          |
| Address of Operator                              |                |              |                          |                       |                        | · · · · · · · · · · · · · · · · · · · | 9. Well No.               |                          |
| P. O. Box  | 191            | 9            | Midland, Tex             | xas 7 <sup>9702</sup> | )                      |                                       | 1                         |                          |
| Location of Well                                 |                |              |                          |                       |                        |                                       | 10. Field and             | Pool, or Wildcat         |
| UNIT LETTERC                                     |                |              | 860 FEET FROM TH         | North                 | LINE AND 22.           | 30 FEET FRO                           | Und. No                   | orth Turkey Trk          |
|  | ·              |              |                          |                       | LINE AND               | FEET FRO                              | 7777777                   | antininini (             |
| West   | 1195           | SECTION      | 3<br>TOWN                | 19S                   | 29                     | E                                     |                           |                          |
| ····-  |                | JECTION      | , UWN                    |                       | HANGE                  | NMPN                                  |                           |                          |
| <u>IIIIIIIIIIII</u>                              | III            | 1111         |                          |                       | DF, RT, GR, etc.)      | · · · · · · · · · · · · · · · · · · · | 12. County                |                          |
|  | 711),          | 7111,        |                          | 3421.5'GR             |                        |                                       | Eddy                      |                          |
| •  | Che            | eck A        | ppropriate Box To        | o Indicate N          | ature of Notice        | Report or O                           | ther Data                 |                          |
| ΝΟΤ  |                |              | TENTION TO:              | o marcate n           | l                      | •                                     | IT REPORT C               | )F:                      |
|  |                |              |                          |                       |                        | 000000000                             |                           | • •                      |
| ERFORM REMEDIAL WORK                             |                |              | PLUG AN                  |                       | REMEDIAL WORK          |                                       | AL                        | TERING CASING            |
| EMPORARILY ABANDON                               | =              |              |                          |                       | COMMENCE DRILLING      |                                       |                           | IG AND ABANDONMENT       |
| ULL OR ALTER CASING                              |                |              | CHANGE                   |                       | CASING TEST AND CE     |                                       |                           |                          |
|  |                |              |                          |                       | OTHER                  |                                       |                           | Γ-                       |
| OTHER  |                |              |                          |                       |                        |                                       |                           |                          |
|  |                |              |                          |                       |                        |                                       |                           |                          |
| 7. Describe Proposed or C<br>work) SEE RULE 1103 | Complet        | ted Ope      | rations (Clearly state o | ill pertinent detc    | ails, and give pertine | nt dates, includin                    | ig estimated date         | of starting any proposed |
| ·  |                | . Pre        | ep to drill ahe          | ead. Dril             | .1ed a 12 1/4          | " hole to a                           | a T.D. of 3               | 023' in _                |
| Lime. Ran  | n an           | d set        | t 71 joints (19          | 926') 8 5/            | '8" 32# & 24#          | K-55 casir                            | ng at 3023'               | and                      |
|  |                |              | ) sacks of BJ I          |                       |                        |                                       |                           |                          |
|  |                |              | ) sx of Class (          |                       |                        |                                       |                           |                          |
| 50 sacks (                                       | of c           | ement        | t to surface.            | WOC 18 ho             | urs. NMOCD             | was notifie                           | ed but did                | not                      |
|  |                |              | D. Tested 8 5,           |                       |                        |                                       |                           |                          |
|  |                | -            |                          | 0                     |                        |                                       |                           |                          |
|  |                |              |                          |                       |                        |                                       |                           |                          |
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|  | •              |              |                          |                       |                        |                                       |                           |                          |
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|  |                |              |                          |                       | Ξ                      |                                       |                           |                          |
|  |                |              |                          |                       | 5                      |                                       |                           |                          |
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|  |                |              |                          |                       |                        |                                       |                           |                          |
|  |                |              |                          |                       |                        |                                       |                           |                          |
| 8. I hereby certify that the                     | e inform       | mation a     | above is true and compl  | ete to the best of    | of my knowledge and    | belief.                               |                           |                          |
| $\mathcal{O}$                                    |                | . 1          | 7                        | _                     |                        |                                       |                           | 00.01                    |
| IGNED  | er             |              | tart                     | TITLE Reg             | . Operations           | Mgr Pro                               | od. DATE 12               | 2-29-81                  |
|  |                |              |                          |                       |                        | •                                     |                           |                          |
| 24   | ./             | 11           | 11                       | ~                     |                        | •                                     |                           | MAN 10 1002              |
| PPROVED BY                                       | 2              | <u>U 1</u>   | Mama                     |                       | AND GAS IN             | SPECTOR                               | DATE                      | JAN 12 1982              |
| ONDITIONS OF APPROV                              | AL. 18         | F ANY:       |                          |                       |                        |                                       |                           |                          |
|  |                |              |                          |                       |                        |                                       |                           |                          |
|  |                |              |                          |                       |                        |                                       |                           |                          |