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FILE	/ x
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LAND OFFICE	
OPERATOR	/

RECEIVED

NEW MEXICO OIL CONSERVATION COMMISSION

OCT 1 1976

O. C. 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.
LG-1040

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 [ ]   GAS WELL [X]   OTHER-

7. Unit Agreement Name

2. Name of Operator
Cities Service Oil Company

8. Farm or Lease Name
State CW

3. Address of Operator
P. O. Box 1919 - Midland, Texas 79701

9. Well No.
1

4. Location of Well

UNIT LETTER __F__ , __1980__ FEET FROM THE __North__ LINE AND __1980__ FEET FROM

THE __West__ LINE, SECTION __19__ TOWNSHIP __20-S__ RANGE __28-E__ NMPM.

10. Field and Pool, or Wildcat
Undesignated Morrow

15. Elevation (Show whether DF, RT, GR, etc.)
3344.9' GR

12. County
Eddy

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]

TEMPORARILY ABANDON [ ]

PULL OR ALTER CASING [ ]

PLUG AND ABANDON [ ]

CHANGE PLANS [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]

COMMENCE DRILLING OPNS. [X]

CASING TEST AND CEMENT JOB [X]

OTHER _____

ALTERING CASING [ ]

PLUG AND ABANDONMENT [ ]

[ ]

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. 600' Prep. to drill ahead. This well was spudded 9-18-76 and drilled to a T.D. of 600'. Ran 20 joints (580.2') of 13-3/8" OD 48# H-40 8R ST&C Casing and set @ 600' with 300 sacks Halliburton Lite w/5# Gilsonite, 1/4# Flocele and 2% CaCl followed by 200 sacks Class C w/2% CaCl. WOC 12 hours. Plug down at 5:00 a.m., 9-20-76. Bumped float w/800#. Held o.k. Press. tested casing to 500#/30 mins. - o.k. Cement circulated. NMOCC notified but was not present.

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

SIGNED _____   TITLE Region Operations Manager   DATE 9/29/76

APPROVED BY __For Record Only Gossett__   TITLE SUPERVISOR, DISTRICT II   DATE OCT 5 1976

CONDITIONS OF APPROVAL, IF ANY:
Minimum WOC the 18 hrs.