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NEW MEXICO OIL CONSERVATION COMMISSION

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

SEP 15 12 45 PM 1965

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- New Well</p>		<p>Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>
<p>2. Name of Operator Cities Service Oil Company</p>		<p>5. State Oil & Gas Lease No. B-5310</p>
<p>3. Address of Operator Box 69, Hobbs, New Mexico</p>		<p>7. Unit Agreement Name</p>
<p>4. Location of Well UNIT LETTER G, 2310 FEET FROM THE North LINE AND 1700 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 17S RANGE 33E N.M.P.M.</p>		<p>8. Farm or Lease Name State CB</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.)</p>		<p>9. Well No. 2</p>
<p>16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p>		<p>10. Field and Pool, or Wildcat Corbin Abo</p>
<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>12. County Lea</p>

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.

Drilled to TD 2897, ran 90.3 jts. 8 5/8" OD 24# casing (2882') and set @ 2897' w/300 sax Trinty eight weight followed by 200 sax neat Incor. Plug down @ 9:00 P.M. 9/6/65. Ran temperature survey and located cement @ 1970', WOC 24 hrs. and tested casing to 1000# for 30 minutes and it held o.k. We are now drilling ahead.

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

SIGNED C. R. Robinson TITLE **District Clerk** DATE **September 14, 1965**

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: