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HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION
JUN 6 12 41 AM '69

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 9943

SUNDRY NOTICES AND REPORTS ON WELLS


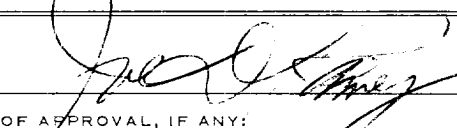
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT --" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Cities Service Oil Company	8. Farm or Lease Name State AD
3. Address of Operator P. O. Box 69 - Hobbs, New Mexico 88240	9. Well No. 11
4. Location of Well: UNIT LETTER 0 , 800 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 22 TOWNSHIP 10S RANGE 32E N.M.P.M.	10. Field and Pool, or Wildcat Mescalero Permo Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4343DF	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> Cancellation of Allowable <input checked="" 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.

This well is non production and was shut in March 1, 1969. It is requested the allowable be cancelled.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED 	TITLE District Office Manager	DATE June 5, 1969
APPROVED BY 	TITLE	DATE JUN 5 1969
CONDITIONS OF APPROVAL, IF ANY:		