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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. 10500
7. Unit Agreement Name
8. Farm or Lease Name Davis A
9. Well No. 1
10. Field and Pool, or Wildcat Chaveroo San Andres
12. County Roosevelt

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 P. O. Box 69 - Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 17 TOWNSHIP 7S RANGE 34E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 4315 DF

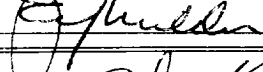
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>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

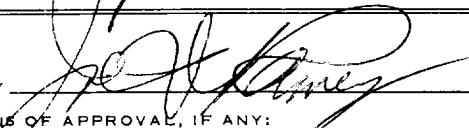
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This well was temporarily abandoned July 23, 1970.

Please cancel the allowable for this well effective July 31, 1970.

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

SIGNED  TITLE **District Manager** DATE **July 27, 1970**

APPROVED BY  TITLE **APPROVER** DATE **JUL 30 1970**

CONDITIONS OF APPROVAL, IF ANY: