

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
JUN 12 12 32 PM '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.	
7. Unit Agreement Name	
D.Q.S.U.	
8. Farm or Lease Name	
Tract 29	
9. Well No.	
2	
10. Field and Pool, or Wildcat	
Caprock Queen	
12. County	
Chaves	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection
2. Name of Operator Cities Service Oil Company
3. Address of Operator Box 69 - Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER J , 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 14S RANGE 31E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) -

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Shut In

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.

The above well was shut in on 6-10-69. This Injection well is no longer needed in the system.

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

SIGNED <u>ORIGINAL SIGNED G. D. ROBERTSON</u>	TITLE <u>District Admin. Manager</u>	DATE <u>June 11-1969</u>
APPROVED BY <u>John W. Runyan</u>	TITLE <u></u>	DATE <u>JUN 15 1969</u>
CONDITIONS OF APPROVAL, IF ANY:		