OF COPIES RECEIVED	
DISTRIBUTION	
TA FE	
E	
G.S.	
ND OFFICE	
ERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 10 6 35 AM '69

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.

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.)

OIL WELL [ ] GAS WELL [ ] OTHER- Water Injection

7. Unit Agreement Name: D.Q.S.U.

Name of Operator: Cities Service Oil Company

8. Farm or Lease Name: Tract 40

Address of Operator: Box 69, Hobbs, New Mexico

9. Well No.: 1

. Location of Well

UNIT LETTER N, 990 FEET FROM THE South LINE AND 1650 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 14S RANGE 31E NMPM.

10. Field and Pool, or Wildcat: Caprock Queen

15. Elevation *(Show whether DF, RT, GR, etc.)*: 4404 DF

12. County: Chaves

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. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER Shut In [X]

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 9-5-69. 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 ORIGINAL SIGNED C. D. ROBERTSON TITLE Dist. Admin. Mgr/ DATE 9-8-69

APPROVED BY [signature] TITLE SUPERVISOR DISTRICT 1 DATE SEP 11 1969

CONDITIONS OF APPROVAL, IF ANY: