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# NEW MEXICO OIL CONSERVATION COMMISSION

SEP 17 8 55 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.	
7. Unit Agreement Name	
D.O.S.U.	
8. Part of Lease Name	
Tract 40	
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- <b>Water Injection</b>
2. Name of Operator <b>Cities Service Oil Company</b>
3. Address of Operator <b>Box 69, Hobbs, New Mexico</b>
4. Location of Well UNIT LETTER <b>F</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1650</b> FEET FROM THE <b>West</b> LINE, SECTION <b>2</b> TOWNSHIP <b>14S</b> RANGE <b>31E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>-</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <b>Shut In</b> <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.

The above well was shut in on 9-5-69. This injection well is no longer needed in the ~~XXXX~~ system.

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

ORIGINAL SIGNED  
C. D. ROBERTSON

SIGNED \_\_\_\_\_

TITLE **Dist. Admin. Mgr.**

DATE **9-8-69**

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE **9-8-69**

CONDITIONS OF APPROVAL, IF ANY: