| COPIES RECEIVED   |  |   | Form C-103                                  |
|---|--|---|---|
| STRIBUTION  |  |   | Supersedes Old                              |
| AFE   | NEW MEXICO OIL CONSE                                 | RVATION COMMISSION                          | C-102 and C-103<br>Effective 1-1-65         |
|   |  | and the second                              |   |
| .G.S.   | -  |   | Sa. indicate Type of Lease                  |
| ND OFFICE   |  |   | State Fee 🗶                                 |
| PERATOR   |  |   | 5, State Off & 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-1/1) FOR SUCH PROPOSALS.) |  |   |   |
| OIL GAS OTHER-  |  |   | 7, first Agreement Name  D.Q.S.U.           |
| . Name of Operator  Cities Service  | 9il Company  |   | Tract 45                                    |
| . Address of Operator   | •  |   | . Well vo.                                  |
| Box 69, Hobbs,  | New Mexico   |   | 12. Field and Focu, or Wildcat              |
| UNIT LETTER K   | 1980 FEET FROM THE South                             | _ LINE AND FEET FI                          | Caprock Ousen                               |
| THE <b>West</b> LINE, SEC   | TION 11 TOWNSHIP 145                                 | HANGE 31E NM                                |   |
|   | 15. Elevation (Show whether i)                       | F, RT, GR, etc.)                            | 12. County (1)                              |
|   | 4407 GR  |   | Chaves                                      |
|   | Appropriate Box To Indicate Na INTENTION TO:         |   |   |
| PERFORM REMEDIAL WORK   | PLUG AND ABANCON                                     | REMEDIAL WIRK                               | AUTERING CASING                             |
| TEMPORARILY ABANDON   |  | COMMENCE DR. LING DANS.                     | PLUG AND RE NEVERME                         |
| PULL OR ALTER CASING  | CHANGE PLAN ;  | CASING TEST AND CEMENT JOB 1                | PEGO AND OR STOWNED TO                      |
|   |  | OTHER Shut In                               | <b>X</b>                                    |
| OTHER   |  |   |   |
|   | Operations (Clearly state o'll pertinent detail      |   |   |
| The above well to low oil and   | was shut in on 9-5-69. The high water production. Pi | is well is uneconomic ease cancel the allow | cal to produce due wable effective 10-1-69. |
| 8. I hereby certify that the informati  | ion above is true and complete to the best of        | my knowledge and belief.                    |   |
| SIGNED  | TITLE DIS  | t. Admin. Mgr.                              | 9-8-69                                      |
| 1000  | Mag.   |   | SUMBLE                                      |
| PPROVED BY  | Stepped -ite   |   | DATE  |
| CONDITIONS OF APPROVAL, IF A  | NY:  |   |   |