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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"/>
3. State Oil & Gas Lease No.
7. Unit Agreement Name <b>D.Q.S.U.</b>
8. Name of Lease Owner <b>Tract 47</b>
9. Well No. <b>3</b>
10. Field and Pool, or Unit or <b>Caprock Queen</b>
11. County <b>Chaves</b>

## 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 <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
Name of Operator <b>Cities Service Oil Company</b>		
Address of Operator <b>Box 69, Hobbs, New Mexico 88240</b>		
Location of Well UNIT LETTER <b>E</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>11</b> TOWNSHIP <b>14S</b> RANGE <b>31E</b> N.M.P.M.		

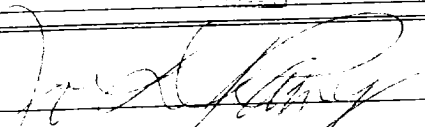
15. Elevation (Show whether DT, RT, GR, etc.) <b>4409 GR</b>
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> <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 well is uneconomical to produce due to high water production. Please cancel the allowable effective 10-1-69.

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

SIGNED _____	TITLE <b>District Admin. Manager</b>	DATE <b>9-8-69</b>
APPROVED BY 	TITLE <b>SUPERVISOR DISTRICT</b>	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		