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LAND OFFICE	
OPERATOR	

HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION

JUN 12 12 34 PM '69

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"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name D.Q.S.U.
8. Farm or Lease Name Tract 51
9. Well No. 1
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Cities Service Oil Company
3. Address of Operator Box 69 - Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER C 330 FEET FROM THE North LINE AND 1650 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 14S RANGE 31E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4417 DF

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"/> Shut In <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 6-10-69. This well is uneconomical to produce due to low oil and high water production. Please cancel the allowable effective 7-1-69.

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. R. HERTSON TITLE District Admin. Manager DATE 6-11-69

APPROVED BY John W. Runyan TITLE DATE JUN 13 1969

CONDITIONS OF APPROVAL, IF ANY: