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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 11 6 35 AM '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. | |

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- Water Injection | | 7. Unit Agreement Name D.O.S.U. |
| 2. Name of Operator Cities Service Oil Company | | 8. Farm or Lease Name Tract 48 |
| 3. Address of Operator Box 69, Hobbs, New Mexico 88240 | | 9. Well No. 3 |
| 4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 15 TOWNSHIP 14S RANGE 31E N.M.P.M. | | 10. Field and Pool, or Wildcat Caprock Queen |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4231 GR | | 12. County Chaves |

| | |
|--|--|
| 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 JOBS <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 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 <u>ORIGINAL SIGNATURE</u> <u>C. D. ROBERTSON</u> | TITLE <u>District Admin. Manager</u> | DATE <u>9-8-69</u> |
| APPROVED BY <u>[Signature]</u> | TITLE <u>[Signature]</u> | DATE <u>[Signature]</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |