SIGN INDOPPRICE  SIND OFFICE  S			
JUN 12 12 34 PM '68  So. Indicense Type of Lease  Soc. Indicense T	DISTRIBUTION	HUBBS OFFICE O. C. U.	
SUNDEY NOTICES AND REPORTS ON WELLS    DO NOT USE THIS PORTY OF PROPERTY OF PR	ANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-03
SUNDEY NOTICES AND REPORTS ON WELLS    DO NOT USE THIS PORTY OF PROPERTY OF PR	ILE	Jun 12 12 34 PM 69	5a. Indicate Type of Lease
SUNDRY NOTICES AND REPORTS ON WELLS  100 NOT USE THIS PORTY FOR THIS PORTY PORTY OF THE PORTY OR			State Fee 💃
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Note of Operator    Case   Company   Case   Company   Case   Company   Case   Company   Case   Case			······································
Note of Operator    Case   Company   Case   Company   Case   Company   Case   Company   Case   Case	SUN	DRY NOTICES AND REPORTS ON WELLS	
WHILE OTHER MILE OF MATERIAL MORE SERVICE OF STREET MATERIAL MORE STREET AND CONSTRUCT SHOULD	(DO NOT USE THIS FORM FOR USE "APPLI	PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  CATION FOR PERMIT -** (FORM C-101) FOR SUCH PROPOSALS.)	7 Unit Agreement Name
Cities   Service   Company	OII GAS		
Clies Service Oil Company  Box 69 - Hobbs, New Mexico 88240  Location of Well  UNIT LETTER  H  1650  FET FROM The North  Inc and Address of Caprock Queen  The East Line, Section 15  Tomash PF, RT, GR, etc.)  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  SUBSCOURT REPORT OF:  SUBSCOURT REPORT OF:  REMEDIAL MORE  COMMERCE DELINE OF INTENTION TO:  REMEDIAL MORE  COMMERCE DELINE OF INTENTION TO:  REMEDIAL MORE  COMMERCE DELINE OF INTENTION TO:  THER  T	WELL WELL	OTHER- Water injection	
Routers of Opening Med Rexitor 88240  Sox 69 - Hobbs, New Mexico 88240  Liberator of Wall  UNIT LETTER H 1650 PERT FROM THE HOTTH LINE AND 990 PERT FROM  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF:  REMODIAL WORK CONLINE OF INTENTION TO:  CHANGE PLANS CHANGE PLANS CHANGE OF INTENTION TO:  CHANGE PLAN			Tract 50
Location of Well  UNIT LETTER    1650   PEET FROM THE   NOTTH   145   RANGE   31E   VIOLENT    Check Appropriate Box To Indicate Nature of Notice, Report of Other Data   NOTICE OF INTENTION TO:   Subsequent Report of Subsequent Report of:   Chaves    Check Appropriate Box To Indicate Nature of Notice, Report of Other Data   Subsequent Report of:   Chaves    Check Appropriate Box To Indicate Nature of Notice, Report of Other Data   Subsequent Report of:   Chaves    Check Appropriate Box To Indicate Nature of Notice, Report of Other Data   Subsequent Report of:   Chaves    Chaves   C	Cities Service	011 Company	
Location of Well  WHIT LETTER  H  1650  PEET FROM THE  NAME  1145  TOWNSHIP  1145  NAME  31E  NAME  12. COLUMN  Chaves  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  REMEDIAL WORE  CHAPOBARILY ABANDON  CHANGE PLANS  CHAPOBARILY ABANDON  CHAPOBARILY		New Mexico 88240	
The above well was shut in on 6-10-69. This Injection well is no longer needed in the system.    State   Interest   Inter	Location of Well		
The Line, SECTION 15 TOWNSHIP 14S NAME 31E NAME 11S, COUNTY Chaves    Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:    Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF:   Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF:   Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF:   Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF:   Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF:   Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF:   Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF:   Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF:   Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SubsEquent Report Of:   Check Appropriate Data SubsEquent Report Of:   Committee Data SubsE		1650 FEET FROM THE North LINE AND 990 FEET FRO	Caprock Queen
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PLUG AND ARANDON  CHANGE PLANS  CHA			
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PLUG AND ARANDON  CHANGE PLANS  CHA	THE East LINE. SE	ECTION 15 TOWNSHIP 14S RANGE 31E NMP	
Chaves  Chaves			
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  SUBSEQUENT REPORT OF:  REMEDIAL WORK  SUBSEQUENT REPORT OF:  REMEDIAL WORK  COMMINCE BRILLING OPER.  COMMINCE BRILLING OPER.  CASING TEST AND CEMENT JOB  OTHER  OTHER  OTHER  OTHER  The above well was shut in on 6-10-69. This injection well is no longer  needed in the system.  8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  ORIGINAL SIGNED  ORIGINAL SIGNED  TITLE District Admin. Manager  OATE 6-11-69		15. Elevation (Show whether DF, RT, GR, etc.)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  REMORABLY ABANDON  ULL OR ALTER CASING  CHANGE PLANS  CHANGE PLANS		•	
ERFORM MEMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   COMMENCE DRILLING OPENS.   CASING PLUG AND ABANDONMENT   CASING PLUG AND ABANDONMENT   CASING TEST AND CEMENT JOB   Shut In OTHER	Chec	ck Appropriate Box To Indicate Nature of Notice, Report or C	other Data
CHARGE PLANS  CH			NT REPORT OF:
CHARGE PLANS  CH	_		Г
CHANGE PLANS  OTHER  OTHER  OTHER  Change Plans  Change Pl	ERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	<del>-</del>
OTHER Shut In  OTHER			PILIG AND ARANDONMENT
Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposition with SEE RULE 1703.  The above well was shut in on 6-10-69. This injection well is no longer needed in the system.  8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  ORIGINAL SIGNED  ORIGINAL SIGNED  TITLE District Admin. Manager  DATE 6-11-69	EMPORARILY ABANDON	— I	T SS TAILS HEALTH SAME THE
The above well was shut in on 6-10-69. This injection well is no longer needed in the system.  8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  ORIGINAL SIGNED  A B ROBERTSON  TITLE District Admin. Manager  DATE 6-11-69	F=5	CHANGE PLANS CASING TEST AND CEMENT JOB	
The above well was shut in on 6-10-69. This injection well is no longer needed in the system.  8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  ORIGINAL SIGNED	757	CHANGE PLANS CASING TEST AND CEMENT JQB	
ORIGINAL SIGNED.  TITLE DISTRICT Admin. Manager  DATE 6-11-69  DIEN 1 9 1969	7. Describe Proposed or Complete	CHANGE PLANS CASING TEST AND CEMENT JQB OTHER	Shut In
Votes Lat. Remain TITLE	other	casing test and cement JQB other other other details, and give pertinent dates, including was shut in on 6-10-69. This injection well is	Shut In
PPROVED BY	other	change Plans  casing test and cement JQB  other  other  ded Operations (Clearly state all pertinent details, and give pertinent dates, including the state of the large of the	Shut In  In a sestimated date of starting any proposed no longer  DATE 6-11-69