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AUG 8 - 1969

NEW MEXICO OIL CONSERVATION COMMISSION

D. C. C.

ALBUQUERQUE, OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input 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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name D. Q. S. U.
2. Name of Operator Cities Service Oil Company		8. Farm or Lease Name Tract 33
3. Address of Operator Box 69, Hobbs, New Mexico 88240		9. Well No. 1
4. Location of Well UNIT LETTER K , 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 16 TOWNSHIP 14S RANGE 31E NMPM.		10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.) 4184 GR		12. County Chaves

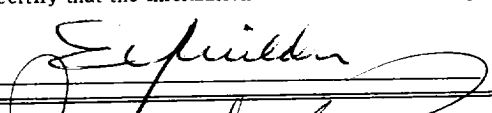

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <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 7-31-69. This well is uneconomical to produce due to high water production. Please cancel the allowable effective 9-1-69.

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

SIGNED 	TITLE District Manager	DATE 8-4-69
APPROVED BY 	TITLE SUPERVISOR DISTRICT	DATE AUG 11 1969
CONDITIONS OF APPROVAL, IF ANY:		