

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 11 6 54 AM '69

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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name
D.Q.S.U.

8. Farm or Lease Name
Tract 34

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 GAS WELL OTHER- **Water Injection**

2. Name of Operator
Cities Service Oil Company

3. Address of Operator
Box 69, Hobbs, New Mexico

4. Location of Well
UNIT LETTER **D**, **660** FEET FROM THE **North** LINE AND **660** FEET FROM
THE **West** LINE, SECTION **K 16** TOWNSHIP **14S** RANGE **31E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
-

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 Shut In <input checked="" type="checkbox"/>

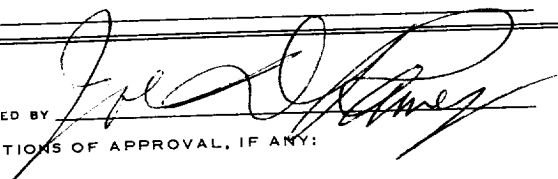
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

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.

ORIGINAL SIGNED
C. D. ROBERTSON TITLE **Dist. Admin. Mgr.** DATE **9-8-69**

SIGNED _____

APPROVED BY  TITLE **SUPERVISOR DISTRICT** DATE **SEP 11 1969**

CONDITIONS OF APPROVAL, IF ANY: