	→			
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DISTRIBUTION			Form C-103 Supersedes Old	
SANTA FE	NEW VEYGO OIL COVERNAL TOOL COVERNAL TOOL		C-102 and C-103	
FILE	NEW MEXICO OIL CONSERVATION COM	MISSION Effective 1	-1-65	
		F- Ly		
U.S.G.S.		5a. Indicate Ty		
LAND OFFICE		State X	Fee	
OPERATOR		5, State Oil &	Gas Lease No.	
SUNDR	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFEREN ON FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)			
	ON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			
l. OIL GAS GAS		7. Unit Agreem		
WELL OTHER-			.U.	
2. Name of Operator	1 Company	8. Farm or Lea	_	
Cities Service Oll Company			: 2 7	
3. Address of Operator		9. Well No.		
P. O. Box 69 - Ho	bbs, New Mexico 88240	1		
4. Location of Well		10. Field and 1	Pool, or Wildcat	
UNIT LETTER	1980 FEET FROM THE NORTH LINE AND	660 Capro	ock Queen	
	LINE AND	FEET FROM	anninininininininininininininininininin	
THE West LINE SECTION	N 16 TOWNSHIP 14S RANGE	31E		
LINE, SECTION	RANGE	NMPM.		
	15. Elevation (Show whether DF, RT, GR, etc.,	12. County	~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		12. 22?		
16.	77777	Chave	5 (1)	
	appropriate Box To Indicate Nature of Notice	_		
NOTICE OF IN	TENTION TO:	SUBSEQUENT REPORT OF	F:	
[]		<u></u>		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALT	ERING CASING	
TEMPORARILY ABANDON	COMMENCE DRILL	NG OPNS. PLUC	S AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND	• 🗀		
	OTHER	Shut I	<u>n</u> X	
OTHER				
IT Describe Described				
 Describe Proposed or Completed Operator work) SEE RULE 1103. 	erations (Clearly state all pertinent details, and give pert	nent dates, including estimated date o	of starting any proposed	
,				
	· ·			
The above well wa	s shut in on February 18, 1971. T	is well is unaconomica	.1	
me above werr wa	s shut in our replically to, 15/1.	its well is direconduited	•	
to produce due to	low oil and blob water andwester	Diagon songel 46.		
to produce due to	low oil and high water production	. Please cancel the		
-11				
allowable of this	well effective 3-1-71.			

18. I hereby certify that the information above is true and com	nplete to the b	est of my knowledge and belief.			
ORIGINAL DIGNED C. D. ROBERTSON		District Admin. Supervisor	DATE_	2/18/71	
APPROVED BY	TITLE_	SUPERVISOR DISTRIC	DATE	FEB XX W	ļ
CONDITIONS OF APPROVAL, IF ANY:			_		