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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name D.Q.S.U.	
8. Farm or Lease Name Tract 23	
9. Well No. 2	
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 ☐

2. Name of Operator
Cities Service Oil Company

3. Address of Operator
Box 69 Hobbs, New Mexico

4. Location of Well
UNIT LETTER **N** **660** FEET FROM THE **South** LINE AND **1980** FEET FROM
THE **West** LINE, SECTION **16** TOWNSHIP **14S** RANGE **31E** NMPM.

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

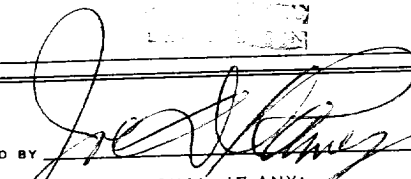
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

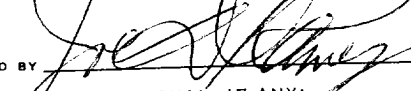
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE 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 10-31-69. This well is uneconomical to produce due to low oil and high water production. Please cancel the allowable effective 1-1-70.

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

SIGNED  TITLE **District Admin. Supervisor** DATE **12-11-69**

APPROVED BY  TITLE **SUPERVISOR DISTRICT** DATE **12-11-69**

CONDITIONS OF APPROVAL, IF ANY: