NO. OF COPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION		C-102 and C-103
ANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
TILE	1	
		5a. Indicate Type of Lease
1,S.G.S.	-	State Fee X
AN! OFFICE		5. State Oil & Gas Lease No.
PEFATOR	ــا	
	DEPORTS ON WELLS	
SUND	DRY NOTICES AND REPORTS ON WELLS	
USE "APPLICA	ROPOSALS TO CRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT - ** (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
	\mathbf{e}_{i}	
OSE AS WELL WELL	OTHER.	8. Farm or Lease Name
Naπ : of Operator		
Cities Service (Company	Fee MA "B"
Address of Operator		9. Well No.
	land, TX 79702	2
	Land, IX ()/OL	10. Field and Pool, or Wildcat
. Location of Well	800 FEET FROM THE North LINE AND 2145 FEET FR	Corbin Abo
UNIT LETTER	OUU FEET FROM THE NOT OIL LINE AND THE FEET FR	
	377	
East Line, sec	TION 31 TOWNSHIP 178 RANGE 33E NM	PM. (())
int		
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4009' GR	Lea (\\\\\\\\
66. Chaol	k Appropriate Box To Indicate Nature of Notice, Report or	Other Data
		ENT REPORT OF:
NOTICE OF	INTENTION TO: SUBSEQUE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS CASING TEST AND CEMENT JQB	, pro-
PULL OR ALTER CASING	Witnessed casi	ng leak survey & X
		1 OI above ground
OTHER	connections ir	com casingheads.
Description Completed	Cpetations (Clearly state all pertinent details, and give pertinent dates, inclu-	ding estimated date of starting any proposed
work) SEE RULE 1103.		
	Dug out cellar. Installed riser to surface fr	rom one
	valve on each casinghead. Installed a second	valve
	valve on each casinghead. Installed a become	ified
	on each riser above ground and properly identi	lvin
	each, as required and witnessed by NMOCD. Mel	i y iii
	Crossland with NMOCD witnessed and approved the	ne in-
	stallations. Backfilled cellar.	
	•	
_		
18. I hereby certify that the informa	ation above is true and complete to the best of my knowledge and belief.	
	1	- /- /- ·
. الرح	Region Operations Manag	er DATE 3/9/79
SIGNED	THE TOTAL	
	OHERCHE	AARD 1 9 1070
30 4/	CONTRACTOR OF THE CONTRACTOR	MAR 13 19/9
APPRICATED BY	CTASCALLE TITLE	
Arrabica ay	· · · · · · · · · · · · · · · · · · ·	

CONDITIONS OF APPROVAL, IF ANY: