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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.	
E-398	

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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection</u>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
<u>Cities Service Oil Company</u>		<u>Tract 10</u>
3. Address of Operator		9. Well No.
<u>Box 4906 - Midland, Texas 79701</u>		<u>4</u>
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>C</u> , <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>2970</u> FEET FROM		<u>Maljamar (G-SA)</u>
THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17S</u> RANGE <u>33E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
		<u>Lea</u>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Cancellation of allowable</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

This well was converted to a water injection well effective 2-2-74. Please cancel the allowable effective 2-1-74.

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

SIGNED E. Spiller TITLE Region Operation Manager DATE February 6, 1974

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: