»	. = .	 -		
NO. OF COPIES RECEIVED	1	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65		
DISTRIBUTION				
SANTA FE	NEW MEXICO OIL CONSE			
FILE				
U.S.G.S.	1		5a. Indicate Type of	
LAND OFFICE	1		State X	Fee
OPERATOR	1		5. State Oil & Gas L	,ease No.
			B-2516	mmm
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.)				
			7. Unit Agreement Name	
OIL GAS WELL OTHER- WATER INJECTION WELL			SMGSAU 8. Farm or Lease Name	
2. Name of Operator			Tract 6	
Cities Service Company			9. Well No.	
3. Address of Operator			1	
Box 1919 Midland, TX 79702			10. Field and Pool, or Wildcat	
4. Location of Well []	1980 FEET FROM THE South	660	Maljamar ((G-SA)
UNIT LETTER +	FEET FROM THE	LINE AND FEET FROM	mmm	THITTHIS
West LINE, SECT	29 TOWNSHIP 17S	RANGE 33E NMPM.		
	15. Elevation (Show whether I		12. County	HHHH
	15. Elevation (Show whether to		Lea	
	Appropriate Box To Indicate N	ature of Notice, Report or Oth SUBSEQUENT	REPORT OF:	(-1
PERFORM REMEDIAL WORK	PLUG AND ABANDON	COMMENCE ORILLING OPNS.	ALTERING AND	ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	OTHER Witnessed casing identification of connections from	leak survey f above grour casingheads.	& X
	Operations (Clearly state all pertinent deta			
17. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent deli	ins, and give perturble delect, meraling		
	Dug out cellar. Installe	ed riser to surface from	one	
	valve on each casinghead on each riser above groun each, as required and with Crossland with NMOCD with stallations. Backfilled	. Installed a second vand and properly identifi tnessed by NMOCD. Melvinessed and approved the	.lve .ed .n	٠.
	Stallations. Dackillized			
				÷
z.				

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

SIGNED

THE REGION OPERATIONS Manager

DATE 3/9/79

APPROVED BY APPROVAL, IF ANY: