	· · · · · · · · · · · · · · · · · · ·		
NO. OF COPIES RECEIVED	]	· ·	Form C-103 Supersedes Old
DISTRIBUTION			C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSER	RVATION COMMISSION	Effective 1-1-65
	-		
FILE	-		5a. Indicate Type of Lease
U.S.G.S.	4		State X Fee
LAND OFFICE	-		5. State Oil & Gas Lease No.
DPERATOR	1		B-2229
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
WATER INJECTION WELL			SMGSAU
WELL I WELL			8. Farm or Lease Name
2. Name of Operator			Tract 4
Cities Service Company			9. Well No.
3. Address of Operator			7
Box 1919 Midland, TX 79702			10. Field and Pocl, or Wildcat
4. Location of Well 660			Maljamar (G-SA)
4. LOCUTION OF WELL D 660 FEET FROM THE NOrth LINE AND 660 FEET FROM			
THE West LINE, SECTION 29 TOWNSHIP 175 RANGE 33E NMPM.			TITLE CONTRACTOR
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
AIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			Lea AIIIIIII
			her Data
	k Appropriate Box To Indicate Na	ature of Notice, Report of ot	T REPORT OF:
NOTICE OF	INTENTION TO:	300320021	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANOON	ابے	COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	Ieak survey &
		identification of connections from	n casingheads.
OTHEN			turned data of starting gave propose
17 Describe Proposed or Completed	d Operations (Clearly state all pertinent deta	ils, and give pertinent dates, includin	g estimated date of starting any propose
work) SEE RULE 1103.			

Dug out cellar. Installed riser to surface from one valve on each casinghead. Installed a second valve on each riser above ground and properly identified each, as required and witnessed by NMOCD. Melvin Crossland with NMOCD witnessed and approved the installations. Backfilled cellar.

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

SIGNED

Region Operations Manager

DATE 3/9/79

INSPECTOR

DAT

MAR 1 3 1979

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY