NO. OF COPIES RECEIVED	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE			Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5, State Oil & Gas Lease No.
			В-2516
SUNDR	Y NOTICES AND REPORTS ON WELLS		
(DO NOT USE THIS FORM FOR PRO USE "APPLICAT	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OF TO DEEPEN OF PLUG BACK TO A DIF ON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS	FERENT RESERVOIR.	
l.	*A		7. Unit Agreement Name
INELL WELL	OTHER- WATER INJECTION WEI	ماد	SMGSAU
2. Name of Operator			8. Farm or Lease Name
Cities Service Co	mpany		Tract 7
3. Address of Operator			9. Well No.
<u></u>	nd, TX 79702		3
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER P 60	50 FEET FROM THE SOUTH LINE AND	990 FEET FROM	Maljamar (G-SA)
THE East LINE, SECTION	n 29 TOWNSHIP 175 RANGE	33E NMPM.	
	15. Elevation (Show whether DF, RT, GR	, etc.)	12. County
	4075' DF		Lea ()
Check	Appropriate Box To Indicate Nature of I	Notice, Report or Oth	ier Data
	TENTION TO:	-	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL	WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE	DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TES	T AND CEMENT JOB	
	OTHER	Witnessed casing identification of	leak survey & X
OTHER		identification of	f above ground
	1	connections from	.
 Describe Proposed or Completed Op- work) SEE RULE 1103. 	erations (Clearly state all pertinent details, and give	e pertinent dates, including	estimated date of starting any proposed
•	•		
•			
Τ.	un out collon. Installed missen	to andton from	
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. Melyin			
· · · · · · · · · · · · · · · · · · ·			
Crossland with NMOCD witnessed and approved the in- stallations. Backfilled cellar.			
מ	carrations, packiffied cerrar.		
			•
			·
-			
		dun and halled	
18. I hereby certify that the information	above is true and complete to the best of my knowled	age and bettet.	
	<i>1</i>		
SIGNED	TITLE Region Ope	rations Manager	DATE 3/9/79
3 /	OTTO O A C	INSPECTOR	018D 4 A.4070
n 4 (110-	VA () DIL & CARD	TIANT TOTOIT	WITH 12 1913
APPROVED BY	THE TITLE		DATE

CONDITIONS OF APPROVAL, IF ANY: