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# 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. <b>E-1634</b>	
7. Unit Agreement Name	
8. Farm or Lease Name <b>State AX</b>	
9. Well No. <b>1</b>	
10. Field and Pool, or Wildcat <b>Reeves Penn</b>	
12. County <b>Lea</b>	

**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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
2. Name of Operator <b>Cities Service Oil Company</b>	
3. Address of Operator <b>Box 69 - Hobbs, New Mexico</b>	
4. Location of Well UNIT LETTER <b>H</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>14</b> TOWNSHIP <b>18S</b> RANGE <b>35E</b> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) <b>3893 DF</b>	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <b>Cancellation of Allowable</b>

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 stopped flowing on 8/6/70 and it would be uneconomical to install a pumping unit due to the depth of the producing zone and the small capacity of available production. Please cancel the allowable effective 10/1/70.

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

SIGNED \_\_\_\_\_

TITLE **Dist. Admin. Supervisor**

DATE **9/16/70**

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE **10/1/1970**

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 18 1970

OIL CONSERVATION COM.  
WASH. D.C.