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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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-	7. Unit Agreement Name
2. Name of Operator <b>Cities Service Oil Company</b>	8. Farm or Lease Name <b>Fowler</b>
3. Address of Operator <b>Box 69, Hobbs, New Mexico 88240</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>B</b> <b>440</b> FEET FROM THE <b>North</b> LINE AND <b>2310</b> FEET FROM THE <b>East</b> LINE, SECTION <b>31</b> TOWNSHIP <b>18s</b> RANGE <b>38E</b> NMPM.	10. Field and Pool, or Wildcat <b>Hobbs San Andres Gryb.</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3649 GR</b>	12. County <b>Lea</b>

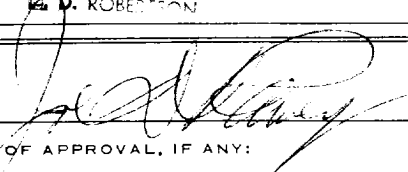
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <b>Set 5" OD Liner</b> <input checked="" type="checkbox"/>	OTHER <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.

Present status of above captioned well: T.D. 4201, 7" OD set @ 3950, open hole 3950 to 4201.

It is proposed to set 300' of 5" liner to TD, run dual induction lateral log and density log w/a caliper, and perforate well from information obtained from open hole logs.

Will swab test and treat well if necessary. The size treatment will depend on the number of perforations selected.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <b>ORIGINAL SIGNED</b> <b>E. D. ROBERTSON</b>	TITLE <b>District Admin. Supervisor</b>	DATE <b>9-26-69</b>
APPROVED BY 	TITLE <b>E. D. Robertson</b>	DATE <b>SEP 28 1969</b>
CONDITIONS OF APPROVAL, IF ANY:		