

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 23 1969

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5a. Indicate Type of Lease  
 State  Fee   
 5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	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. <b>Hobbs San Andres Gryb.</b>	10. Field and Pool, or Wildcat
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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <b>Set 5" OD Liner</b> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input 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 ED. ROBERTSON ORIGINAL SIGNED District Admin. Supervisor TITLE 9-26-69 DATE

APPROVED BY [Signature] TITLE [Signature] DATE SEP 29 1969

CONDITIONS OF APPROVAL, IF ANY: