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OPERATOR	

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.	
7. Unit Agreement Name	
8. Farm or Lease Name	
9. Well No.	
10. Field and Pool, or Wildcat	
12. County	

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 Cities Service Oil Company	8. Farm or Lease Name Fowler
3. Address of Operator Box 69 - Hobbs, New Mexico	9. Well No. 8
4. Location of Well UNIT LETTER G , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 18S RANGE 30E NMPM.	10. Field and Pool, or Wildcat Bowers Seven Rivers
15. Elevation (Show whether DF, RT, GR, etc.) 3650 DF	12. County Lea

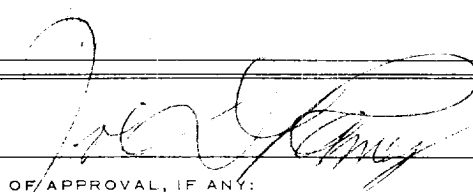
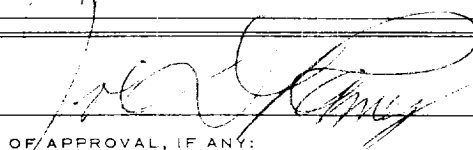
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Cancellation of Allowable

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.

The rods are stuck on the above well. It would be uneconomical to fish and trip the rods due to the small amount of oil being produced by this well. Please cancel the allowable effective 11/1/70.

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

SIGNED 	TITLE District Admin. Supervisor	DATE 10/6/70
APPROVED BY 	TITLE District Admin. Supervisor	DATE 10/6/70
CONDITIONS OF APPROVAL, IF ANY:		