

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-5310	

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 Company		8. Farm or Lease Name State CB
3. Address of Operator Box 1919 Midland, TX 79702		9. Well No. 2
4. Location of Well UNIT LETTER <u>G</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>1700</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17S</u> RANGE <u>33E</u> NMPM.		10. Field and Pool, or Wildcat Corbin Abo
15. Elevation (Show whether DF, RT, GR, etc.) 4250' 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"/>	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 <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <u>Witnessed casing leak survey &amp; identification of above ground connections from casingheads.</u> <input checked="" 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.

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. Melvin Crossland with NMOCD witnessed and approved the installations. Backfilled cellar.

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

SIGNED <u>[Signature]</u>	TITLE <u>Region Operations Manager</u>	DATE <u>3/9/79</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>OIL &amp; GAS INSPECTOR</u>	DATE <u>MAR 13 1979</u>
CONDITIONS OF APPROVAL, IF ANY:		