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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.	

## 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>P. O. Box 69 - Hobbs, New Mexico</b>		9. Well No. <b>9</b>	
4. Location of Well UNIT LETTER <b>A</b> , <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>660</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 Blinebry</b>	
15. Elevation (Show whether DF, RT, GR, etc.) <b>3649 DF</b>		12. County <b>Lea</b>	

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

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

**TD 6260 OPBTD 5952. Prep. to drill out BP @ 5952 and recomplete in the following manner:**

1. Move in workover rig, pull rods and tubing.
2. DO cement + BP @ 5952 and CO to 6016.
3. Run tubing and swab well thru present perfs. (5876-5936) and old perfs. (5965-5988)
4. Place well on pump and recomplete.

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 7/21/70

APPROVED BY  TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: