NO. OF COPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION		C-102 and C-103
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION		Effective 1-1-65
FILE	 :	
U.S.G.S.	s	a. Indicate Type of Lease
LAND OFFICE	-	State X Fee
OPERATOR 2 U.S	5	5, State Oil & Gas Lease No.
		B-2229
SUNDRY NOTICES AND REPORTS ON WELLS (CO NOT USE THIS FORM FOR POOPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOI USE "APPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)	я.	
	2	7. Unit Agreement Name
OIL CASIL OTHER-		SMGSAU
2. Name of Operator 5.74	Ę	8. Farm or Lease Name
Cities Service Company		Tract 4
3. Address of Operator	9	9. Well No.
		9
Box 1919 Midland, TX 79702		10. Field and Pool, or Wildcat
UNIT LETTER E 2615 FEET FROM THE North LINE AND 25		Maljamar (G-SA)
UNIT LETTER , FEET FROM THEUIL UNE AND	FEET FROM	
U ₁₋₁ 20 179 33E	E E	***************************************
THE West -LINE, SECTION 29 TOWNSHIP 175 RANGE 33E	NMPM.	
15. Elevation (Show whether DF, RT, CR, etc.)		12. County
4061' GR	1	Lea Alllllll
16. Check Appropriate Box To Indicate Nature of Notice, Rep	ort or Othe	r Data
NOTICE OF INTENTION TO: SUB	SEQUENT	REPORT OF:
PERFORM REMEDIAC WORK		ALTERING CASING
TEMPORARILY ABANDON -0.	Ц	PLUG AND ABANDONMENT
PULL OR ALTER CASING		
OTHER Witnessed	casing.	leak survey & X
OTHER Identification of above ground connections from casingheads.		
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date work) SEE RULE 1103.7	s, including e	stimuted date of starting any proposed

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. Melyin 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

Region Operations Manager

DATE 3/9/79

DATE

MAR 19 1979

OIL & GAS INSPECTOR