NO. OF COPIES RECEIVED					Form C-10	3		
DISTRIBUTION					Supersede	s Old		
SANTA FE	NEW MEXI	NEW MEXICO OIL CONSERVATION COMMISSION				C-102 and C-103 Effective 1-1-65		
FILE								
U.S.G.S.					5a. Indicate T	ype of Lease		
LAND OFFICE					State X	Fee,		
OPERATOR						Gas Lease No.		
					B-2229)		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)								
OIL GAS WELL OTHER-					1	7. Unit Agreement Name SMGSAU		
2. Name of Operator					8. Farm or Le	ase Name		
Cities Service Company					Tract	Tract 5		
3. Address of Operator					9. Well No.	9. Well No.		
Box 1919 Midland, TX 79702					7	7		
4. Location of Weil					10. Field and	10. Field and Pool, or Wildcat		
UNIT LETTER G . 2615 FEET FROM THE NORTH LINE AND 2615 FEET FROM					Maljan	Maljamar G-SA		
THE East LINE, SEC	29 TOWN	ship17S	RANGE	33E	РМ.			
	15. Elevation	(Show whether	DF, RT, GR, etc		12. County	/4444	1777	
			9.8' GR	•	Lea		////	
16.	7777777						777	
	k Appropriate Box To INTENTION TO:	Indicate N	lature of Not	•	Other Data INT REPORT C	F:		
				<u></u>				
PERFORM REMEDIAL WORK	PLUG AN	ABANDON	REMEDIAL WORK	===		TERING CASING	H	
TEMPORARILY ABANDON			COMMENCE DRIL		PLU	JG AND ABANDONMENT		
PULL OR ALTER CASING	CHANGE	PLANS	CASING TEST AN	Well Well	completion	ı data	ŘΤ	
		_	OTHER	HCII	COMPTCTO		_ []	
OTHER								
17. Describe Proposed or Completed	Operations (Clearly state of	ll pertinent det	ils, and give pe	rtinent dates, includ	ling estimated date	of starting any proj	posed	
work) SEE RULE 1103.		•		•	· ·	, , , , ,		
ጥ.ኮ. 4380'.	PBTD 4371' pur	npina						
(SEE ATTACHM								
(BEE ATTACHE	LEIN I)							
18. I hereby certify that the informat	ion above is true and compl	ete to the best	of my knowledge	and belief.				
$\geq \lambda_{1}$	000	Ro	aion One	rations Mg	r.	3/10/80		
SIGNED	XXVV	TITLE	Jion Ope.		DATE			
	igned by		-	-		• • • • • • • • • • • • • • • • • • •	7() -	
Jerry S	exton				N	IAR 17 198	JU	
	[]	T1T1 F			2175			

Diet 1. Supv.

CONDITIONS OF APPROVAL, IF ANY: