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NO. OF COPIES RECEIVED		
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	The mexico of a conservation commission	Effective 1-1-65
U.S.G.S.		
LAND OFFICE	1	Sa. Indicate Type of Lease
OPERATOR		State X Fee
	,	5. State Oil & Gas Lease No.
SLINDS	RY NOTICES AND REPORTS ON WELLS OPASALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	LG 1543
(DO NOT USE THIS FORM FOR PRE		
WELL X WELL	7. Unit Agreement Name	
2. Name of Operator	OTHER-	9 5
Cities Service 0il &	8. Farm or Lease Name	
J. Address of Operator	State DW	
P. O. Box 1919, Midland, Texas 79702		9. Well No.
4. Location of Well	/	
UNIT LETTER E	lg. Field and Pool, or Wildcat Mescalero Escarpe	
	1930 FEET FROM THE NOTTH LINE AND 835 FEET FROM	
THE West LINE, SECTION		
LINE, SECTION		
	12. County	
16. Charle	Appropriate Dev. T. J. J.	Lea ////////
NOTICE OF IN	Appropriate Box To Indicate Nature of Notice, Report or Ot	ther Data
NOTICE OF IN	SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TOLE ON ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB X	
ОТНЕЯ	OTHER	
17. Describe Proposed or Completed Ope	erations (Clearly state all pertinent details, and give pertinent dates, including	
T.D. of 3170' Anhydri	te. Prep to drill ahead. Drilled a 11 th hole f	rom 370' to a T D of
31/U in Anhydrite.	Kan and set 55 ioints (2401.71!) of $8-5/8!!$ on 2	1.# aga 5 17 interes 15
(121.00.) OI 8-3/8. ()	D 32# CSg. @ 3170 ' and cemented $w/1000$ sacks T	TU + 15# Col+ + 5#
GIISUNILE T U.ZJ#/Sac	K Celloilake and 300 sacks Class C Neat - PD @	Λ0//5 MDT Q_1 O7 #\$₩
Circulated 168 sacks	of cement to the surface. WOC 18 hrs. Tested	8-5/8 ^M OD opering to 3
1500# for 30 MinOK.	noo to mio. Tested	O 2/ O OD Castus fo see
	4	

ORIGINAL SIGNED BY JERRY SEXTON

PPROVED BY

DISTRICT | SUPERVISENTON

TITLE DIST. Open. Mgr.-Prod.

DATE 8-3-87:

ONDITIONS OF APPROVAL, IF ANY:

ACBBS OFFICE

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STATE OF THE STATE