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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 ☐ Fee ☒

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>Owen</b>
3. Address of Operator <b>Box 69 Hobbs, New Mexico</b>	9. Well No. <b>7</b>
4. Location of Well UNIT LETTER <b>I</b> <b>2045</b> FEET FROM THE <b>South</b> LINE AND <b>710</b> FEET FROM THE <b>East</b> LINE, SECTION <b>35</b> TOWNSHIP <b>21S</b> RANGE <b>37E</b> N.M.P.M.	10. Field and Pool, or Wildcat <b>Drinkard</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3373 GR</b>	12. County <b>Lea</b>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

The above well was temporarily abandoned on 11-25-69.  
Please cancel the allowable effective 12-1-69.

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

SIGNED ORIGINAL SIGNED  
C. D. ROBERTSON TITLE District Admin. Supervisor DATE 11-26-69

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 11-26-69

CONDITIONS OF APPROVAL, IF ANY: