

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
8-1481	

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 -		7. Unit Agreement Name
2. Name of Operator CITIES SERVICE OIL COMPANY		8. Farm or Lease Name State H
3. Address of Operator P.O. Box 69, Hobbs, New Mexico 88240		9. Well No. 2
4. Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>600</u> FEET FROM THE <u>East</u> LINE, SECTION <u>17</u> TOWNSHIP <u>22S</u> RANGE <u>30E</u> NMPM.		10. Field and Pool, or Wildcat Eunice So-7Rvs Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3571' DF		12. County Lea

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 ☐

SUBSEQUENT REPORT OF:

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

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 zone was temporarily abandoned on 9-29-72 by setting Otis "PA" separation tool in side door choke set at 3612. This leaves the ports into the annulus open and blanks the bottom zone off. The gas completion from the upper zone can be produced through either annulus or tubing. Please cancel the allowable effective 10-1-72.

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 Dist. Admin. Supervisor DATE 10-6-72

Signed by
Joe D. Ramey
Dist. I, Supv. TITLE _____ DATE OCT 10 1972

CONDITIONS OF APPROVAL, IF ANY: