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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 <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
030132	

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. <input type="checkbox"/> 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 Closson
3. Address of Operator \$ Hobbs Pipe & Supply Co. Box 2010, Hobbs, N.M. 88240		9. Well No. #4
4. Location of Well UNIT LETTER P , 660 FEET FROM THE south LINE AND 660 FEET FROM THE east LINE, SECTION 18 TOWNSHIP 22-S RANGE 36-E NMPM.		10. Field and Pool, or Wildcat South Eunice
15. Elevation (Show whether DF, RT, GR, etc.) 3596		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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 1703.

1. Propose to spot a 25 sack cement plug at 3877'.
2. Propose to spot a 25 sack cement plug at 1650', stub of 5 1/2" and shoe of 8 5/8".
3. Propose to spot a 10 sack cement plug at surface with marker.
4. Hole will be loaded with mud laden fluids.

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

SIGNED <u><i>Harold Schmida</i></u>	TITLE <u>Agent</u>	DATE <u>11-21-69</u>
APPROVED BY <u><i>[Signature]</i></u>	TITLE <u>SUPERVISOR DISTRICT</u>	DATE <u>NOV 26 1969</u>
CONDITIONS OF APPROVAL, IF ANY:		