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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-1481</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>State D</b>
9. Well No. <b>5</b>
10. Field and Pool, or Wildcat <b>Eumont-Seven Rivers Queen</b>
12. County <b>Lea</b>

**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"/>
2. Name of Operator <b>Cities Service Oil Company</b>
3. Address of Operator <b>P. O. Box 69 - Hobbs, New Mexico 88240</b>
4. Location of Well UNIT LETTER <b>C</b> <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>32</b> TOWNSHIP <b>21S</b> RANGE <b>36E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3615 GR</b>

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 ☐  
OTHER ☐

SUBSEQUENT REPORT OF:  
REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

It is proposed to deepen this well approximately 100' from 3830' to 3930' and run a 4" liner into additional zone. From core analysis and electric logs, zones will be chosen for testing in an attempt to increase oil production. Well is now shut-in due to high GOR.

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

SIGNED [Signature] TITLE **District Admin. Supervisor**

DATE **10/29/70**

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE **SUPERVISOR**

DATE **10/29/70**