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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.
7. Unit Agreement Name
8. Farm or Lease Name State C
9. Well No. 2
10. Field and Pool, or Wildcat Eumont Yates Seven River
12. County Lea

**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 Cities Service Oil Company
3. Address of Operator P. O. Box 1919, Midland, Texas 79701
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3640' L-S

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <u>Well Status</u> <input checked="" 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.

TA'd 9-30-57 - Will plug and abandon.

*Expires 12/1/76 (12)*

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

SIGNED <u>Elmer Start</u> Elmer Start Dist. 1, Supv.	TITLE <u>Region Petroleum Engineer</u>	DATE <u>September 20, 1976</u>
APPROVED BY _____	TITLE _____	DATE _____

CONDITIONS OF APPROVAL, IF ANY: