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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. 10226	

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 Cities Service Oil Company		8. Farm or Lease Name State P
3. Address of Operator Box 1919 - Midland, Texas 79701		9. Well No. 3
4. Location of Well UNIT LETTER M 990 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 22S RANGE 38E NMPM.		10. Field and Pool, or Wildcat Paddock, South
15. Elevation (Show whether DF, RT, GR, etc.) 3381' DF		12. County Lea

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

This well was shut-in on 10-10-73. The rods have been pulled, the bottom hole pump repaired, an electric motor installed and the well is now a producing oil well again thru Glorieta Perfs 5168-5192 effective 11-1-74.

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

SIGNED Joe D. Baird TITLE Region Operation Manager DATE November 4, 1974

Orig. Signed by
Joe D. Baird

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: