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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 checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

## 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Cities Service Company	8. Farm or Lease Name Thomas
3. Address of Operator P.O. Box 1919 Midland, TX 79702	9. Well No. 2
4. Location of Well UNIT LETTER <u>G</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>2210</u> FEET FROM THE <u>East</u> LINE, SECTION <u>19</u> TOWNSHIP <u>24S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat Jalmat-Yates 7 River
15. Elevation (Show whether DF, RT, GR, etc.) 3293' GL	12. County Lea

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 checked="" type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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 1103.

This well was TA 6/30/78 due to well dead. A study for possible recompletion is being made.

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

SIGNED E. P. Miller TITLE Region Oper. Mgr. DATE 11/26/79

APPROVED BY [Signature] TITLE [Signature] DATE 11/26/79

CONDITIONS OF APPROVAL, IF ANY: Expires 11/30/80