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# NEW MEXICO OIL CONSERVATION COMMISSION

JAN 2 11 40 AM '70

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.	
10107	
7. Unit Agreement Name	
8. Farm or Lease Name	
State W	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Jalmat Gas	
12. County	
Lea	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>	
1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
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>P</b> <b>660</b> FEET FROM THE <b>East</b> LINE AND <b>660</b> FEET FROM THE <b>South</b> LINE, SECTION <b>36</b> TOWNSHIP <b>24S</b> RANGE <b>36E</b> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) <b>3247 GR</b>	

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"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> <b>Shut In</b> <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.

The above well was shut in on 11-13-69.

Please cancel allowable effective 1-1-70.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED	ORIGINAL SIGNED C. D. ROBERTSON	TITLE	DATE
		District Admin. Supervisor	12-30-69
APPROVED BY		TITLE	DATE
			12-30-69
CONDITIONS OF APPROVAL, IF ANY:			