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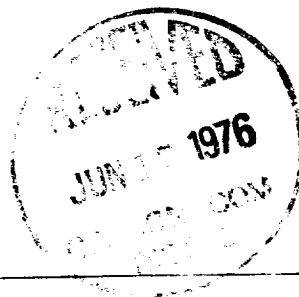
NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS 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.		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		5. State Oil & Gas Lease No. K-6130-2
2. Name of Operator Kirby Exploration Company		7. Unit Agreement Name
3. Address of Operator P.O. Box 1745, Houston, Texas 77001		8. Farm or Lease Name Chorney State
4. Location of Well UNIT LETTER <u>K</u> <u>1625</u> FEET FROM THE <u>South</u> LINE AND <u>1750</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>22N</u> RANGE <u>6W</u> NMPM.		9. Well No. 1
15. Elevation (Show whether DF, RT, GR, etc.) 7257 GR		10. Field and Pool, or Wildcat Wildcat
		12. County Sandoval

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <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.	

6-12-76 Move in and rig up Four Corners Rig #2. Spud at 7:30 p.m. 6-12-76.
 Ran 8 5/8" 24# K-55 casing and set at 101 feet. Cemented with 75
 sacks class "A" cement with 2% CaCl₂. Wait on cement.



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

SIGNED William T. Jones W. T. Jones TITLE Agent DATE 6-16-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: