| NO. OF COPIES RECEIVED 44<br>DISTRIBUTION<br>SANTA FE /<br>FILE /_ | NEW MEXICO OIL CONSERVATION COMMISSION  | Form C-103<br>Supersedes Old<br>C-102 and C-103<br>Effective 1-1-65 |  |
|--|---|---|--|
| U.S.G.S.   |   | 5a. Indicate Type of Lease  |  |
| LAND OFFICE  |   |   |  |
| OPERATOR 2   |   | State X Fee   5. State Oil & Gas Lease No.                          |  |
|  | 0G 1223   |   |  |
| (DO NOT USE THIS FORM FOR PERUSE "APPLICA                          | RY NOTICES AND REPORTS ON WELLS<br>ROPOSALS TO DAILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.<br>TION FOR PERMIT |   |  |
| OIL GAS WELL WELL  | OTHER-  | 7. Unit Agreement Name  |  |
| 2. Name of Operator  | 8. Farm or Lease Name   |   |  |
| Byron M. McKnig<br>3. Address of Cperator                          | Phillips State  |   |  |
| Box 297 Hobbs, New Mexico  |   | 9. Well No.   |  |
| 4. Location of Well  | New Mexico  | 1   |  |
|  | 10. Field and Pool, or Wildcat<br>WC  |   |  |
|  | ION TOWNSHIP RANGE NMPM.  |   |  |
|  | 12. County  |   |  |
| 16. Check  | Appropriate Day To L L'   | Eddy  |  |
| NOTICE OF I  | Appropriate Box To Indicate Nature of Notice, Report or Otl<br>NTENTION TO: SUBSEQUENT                                      | ner Data<br>REPORT OF:  |  |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON REMEDIAL WORK<br>COMMENCE DRILLING OPNS.   | ALTERING CASING   |  |
| OTHER  | OTHER   |   |  |
| 17. Describe Proposed or Completed Or                              | perations (Clearly state all portioned detail   |   |  |

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.

Fill hole with mud Place cement plug top Install dry hole marker

Total depth of well is 140 feet. No water was encountered at total depth

| 18. I hereby certify tha | t the information above | e is true and complete to the best of my knowledge and belief |
|--------------------------|-------------------------|---|
| 5                        |                         | <u>)</u>  |

| SIGNED Signa Millik in service  | TITLE Partner | DATE | Oct. | 10, 1967 |
|---------------------------------|---------------|------|------|----------|
| APPROVED BY_ A' A Grennett      |               |      |      |          |
| CONDITIONS OF APPROVAL, IF ANY: | TITLE         | DATE |      | t        |