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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. L-1152	
7. Unit Agreement Name	
8. Farm or Lease Name Cochise "A" State	
9. Well No. 1	
10. Field and Pool, or Wildcat Wildcat	
12. County Hidalgo	

## 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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator KCM COMPANY
3. Address of Operator P. O. Drawer 70 - Midland, Texas 79701
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM <u>East</u> <u>18</u> LINE, SECTION <u>28S</u> TOWNSHIP <u>17W</u> RANGE <u>17W</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4391' D.F.

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" 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.

2-28-75 9-5/8" 36# K-55 ST&C casing set at 3923, cmt. w/ 300 sks. Class "C"  
w/ 2% cc. Plugged down at 12:30 p.m. WOC 24 hrs. Tested casing  
to 1500# for 30 min. held o.k.

Attached is Temperature Survey.

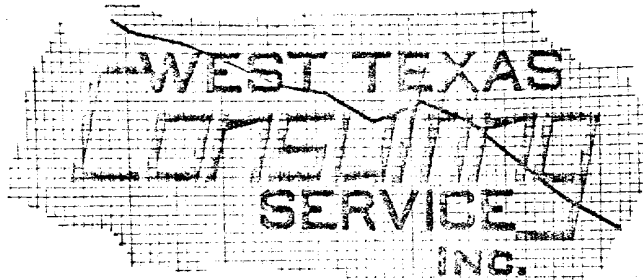
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED N. W. Allen TITLE Prod. Supt. DATE 3-4-75

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT II DATE MAR 6 1975

CONDITIONS OF APPROVAL, IF ANY:

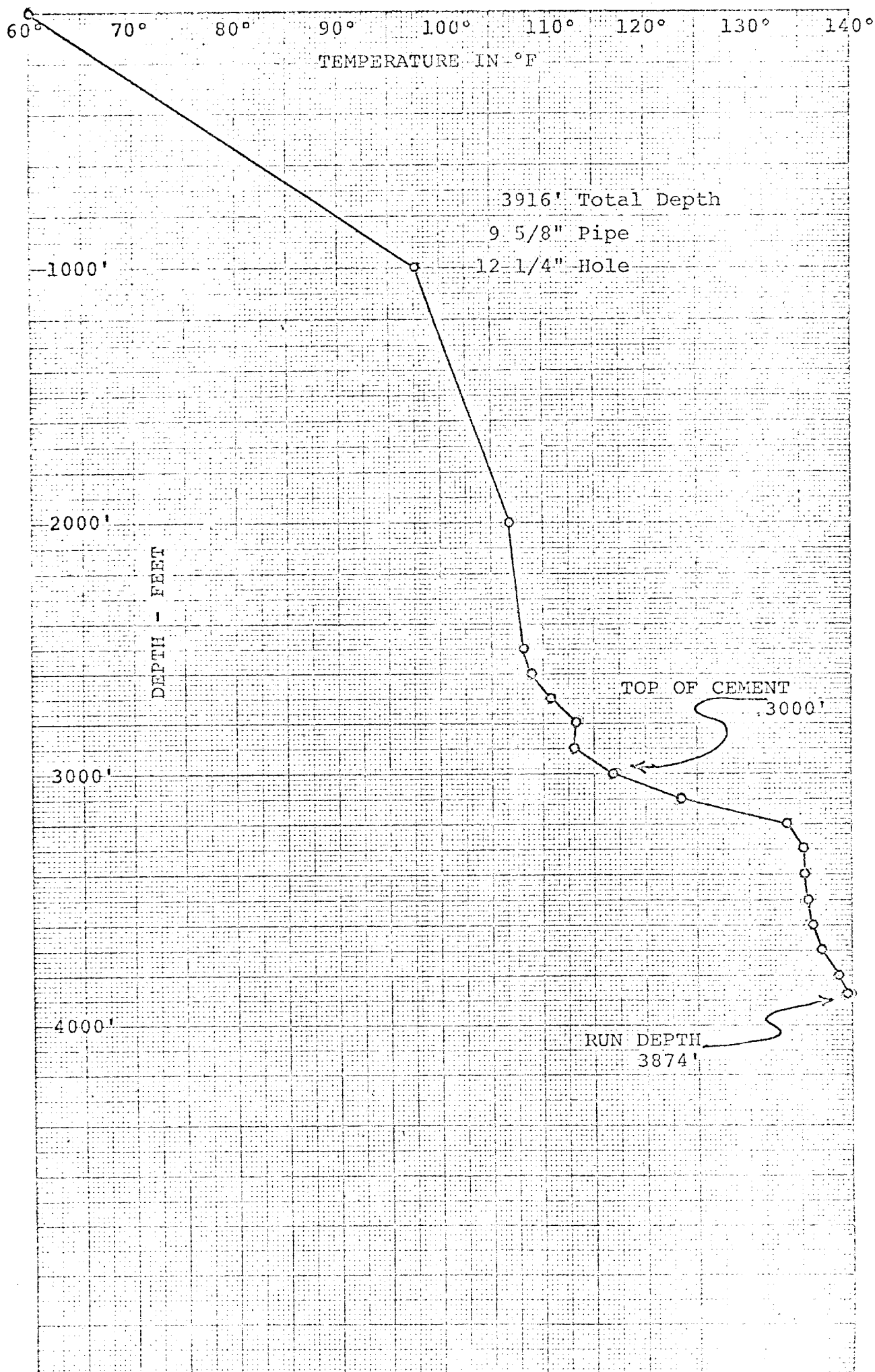
H. L. HAGLER  
W. T. HAGLER  
J. N. CASPARIS  
A. E. O'NEIL  
R. D. OVERSTREET  
R. G. ROBERSON



P. O. BOX 4456  
TELEPHONES:  
AREA CODE 915  
682-5361 • 563-1810

2209 W. INDUSTRIAL AVE.  
MIDLAND, TEXAS 79701

FULL INSURANCE  
COVERAGE



OPERATOR K C M Company LEASE Cochise State "A" WELL NO 1  
POOL Wildcat COUNTY Luna DATE 2-28-75