NEW MEXICO OIL CONSERVATION COMMISSION
P. O. DRAWER DD
ARTESIA, NEW MEXICO 88210

DATE April, 30, 1975

KCM COMPANY

P. O. Drawer 70 - Midland, Texas

Gentlemen: Re: Plugging Reports

Form C-103, Report of Plugging, for your Cochise "A" State
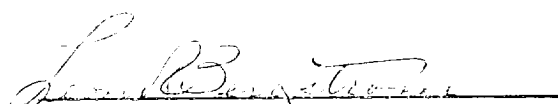   Lease
   1-G 18-28S-17-W   cannot be approved until a Commission representa-
Well No. Unit S-T-R
tive has made an inspection of the location and found it to be cleared
to comply with Commission Rules and Regulations. Please check each item
in the space provided to indicate that the work has been done.

( ) 1. All pits have been filled and leveled.

( ) 2. Rat hole and cellar have been filled and leveled.

( ) 3. A steel marker 4" in diameter and approximately 4' above mean
         ground level has been set in concrete. It must show the
         quarter-quarter section or unit designation, section, township
         and range numbers which have been permanently stenciled or
         welded on the marker.

( ) 4. The location has been leveled as nearly as possible to original
         top ground contour and has been cleared of all junk and
         equipment.

( ) 5. The dead men and tie downs have been cut and removed.

( ) 6. If a one well lease or last remaining well on lease, the battery
         and burn pit locations have been leveled and cleared of all junk
         and equipment.

The above are minimum requirements and no plugging bond will be cancelled
until all locations for plugged and abandoned wells have been inspected
and Form C-103 approved.

When all of the work outlined above has been done, please notify this
office by filling in the blank form below and returning this letter to
us so that our representative will not have to make more than one trip
to the location.

                                    OIL CONSERVATION COMMISSION

                                    Oil & Gas Inspector

FILL IN BELOW AND RETURN

I certify that the above work has been done and the_____
                                              Lease
_____ is ready for your inspection and approval.
Well No. Unit S-T-R

                                    _____
                                    Operator

                                    _____
                                    Name and Title