

Submit 1 Copy To Appropriate District  
Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-20350</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>306903</b>
7. Lease Name or Unit Agreement Name <b>Knight</b>
8. Well Number <b>#011</b>
9. OGRID Number <b>28989</b>
10. Pool name or Wildcat <b>37040-Langlie Mathis</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☒ **Injection**

2. Name of Operator  
**Smith & Marris Inc.**

3. Address of Operator  
**P.O. Box 863 Kermit TX, 79745**

4. Well Location  
Unit Letter **M** : **S** feet from the **S.** line and **1315** feet from the **W** line  
Section **22** Township **24S** Range **37E** - NMPM County **2EA**

12. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>MIT Testing</b> <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**6-27-14 MIT Testing -pass**  
**At 500 #**

Spud Date:

Rig Release Date:

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

SIGNATURE Amanda Taylor TITLE production - clerk DATE 8-20-14  
Type or print name Amanda Taylor E-mail address: taylorataylor16@aol.com PHONE: 432-586-3076  
For State Use Only

APPROVED BY: Bert Semanaka TITLE Staff Manager DATE 9/6/2014  
Conditions of Approval (if any):

SEP 12 2014

PRINTED IN U.S.A.

6 PM

BS 9/6/2004

RECORD ONLY

Graphic Controls

DATE 6-27-14  
BR 221

SMITH & MARSHALL  
Knight # 11

UNIT M SEC 22 T 245 R 37E

ARI 30-025203500000

START 520#  
END 490#

Super Site

NOON

Rapid Transport  
1000# 2 hr Chart

CA 6-20-14

6 AM