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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 11 11 37 AM '68

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. OG 4542-1		

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name None
2. Name of Operator Tri-Service Drlg. Co.	8. Farm or Lease Name McKnight State
3. Address of Operator P. O. Box 1785 - Midland, Texas	9. Well No. 1
4. Location of Well UNIT LETTER <u>I</u> <u>946</u> FEET FROM THE <u>North</u> LINE AND <u>660'</u> FEET FROM THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>11S</u> RANGE <u>35E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4157' D.F.	12. County Lea

16. 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 checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

8/29/68: Spudded in at 3:15 P.M.

8/30/68: Ran 406', 13 3/8" ; H-40, 48# csg. in at 400', cemented with 450 sacks
Cement circulated. WOC 24 hrs.

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

SIGNED [Signature] TITLE Prod. Supt. DATE 9-10-68

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: