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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 type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |

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.)

| | | |
|--|--|---|
| OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/> | | 7. Unit Agreement Name |
| 1. Name of Operator BYRON MCKNIGHT | | 8. Farm or Lease Name Slack R/A "A" |
| 2. Address of Operator Box 297, Hobbs, New Mexico 88240 | | 9. Well No. 4 |
| 4. Location of Well UNIT LETTER D 990 FEET FROM THE North LINE AND 990 FEET FROM West THE 18 LINE, SECTION 12-S TOWNSHIP 38-E RANGE NMPM. | | 10. Field and Pool, or Wildcat Gladlola |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3892 KB | | 12. County Lea |

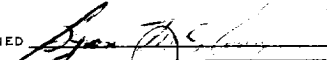
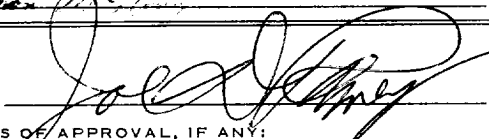
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

| | | | |
|--|--|---|---|
| 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 checked="" type="checkbox"/> | COMMENCE DRILLING OPNS. <input 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 checked="" 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.

Cancel C-103 filed 8/5/71 by Signal Oil and Gas Company.

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

| | | |
|---|------------------------------------|-------------------------|
| SIGNED  | TITLE Operator | DATE 9/24/71 |
| APPROVED BY  | TITLE SUPERVISOR DISTRICT I | DATE SEP 27 1971 |
| CONDITIONS OF APPROVAL, IF ANY: | | |

RECEIVED

SEP 27 1971

OIL CONSERVATION COMM.
HOBBS, N. M.

10/1/71 10:10 AM