Submit 3 Copies to Appropriate District Office

State of New Mexico Energy .inerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate
District Office

PULL OR ALTER CASING

OTHER: Return to Producing Status

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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OIL (CONSER	EVATION	DIVISIO	N

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 WELL API NO.

30-025-24983

5. Indicate Type of Lesse

FEE X STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL West Knowles \mathbf{x} WELL. OTHER 8. Well No. 2. Name of Operator Cimarron Exploration Company 9. Pool same or Wildcat 3. Address of Operator Knowles Drinkard, West P.O. Box 1592, Roswell, NM 88202-1592 Well Location 1980 East 1980 Feet From The South Feet From The Line Unit Letter . 37E Lea 16S 34 hip 105 Range 3/E

10. Elevation (Show whether DF, RKB, RT, GR, etc.) **NMPM** County Township Section Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON CHANGE PLANS**

12. 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.

XX

Cimarron Exploration Company, after taking over operations, restored electricity to well and turned on well.

CASING TEST AND CEMENT JOB

OTHER: Return to production

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

SIONATURE TYPE OR FRINT NAME Janet A. Royal Production Analyst DATE 7/27/98

(505) 623-9799

TELEPHONE NO.

(This space for State Use)

APTROVED BY DATE

DATE

CONDITIONS OF APPROVAL, IF ANY: