Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 Revised March 25, 1999
District 1 1625 N. French Dr., Hobbs, NM 88240	French Dr., Hobbs, NM 88240		WELL API NO. 30-025-30668
District II 1301 W. Grand Avenue, Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III 1220 South St. Francis Dr.		STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1320 S. St. Francis Dr. Sonta Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:
(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:			West Knowles
Oil Well Gas Well Other			8. Well No.
2. Name of Operator Cimarron Exploration Company			11
3. Address of Operator P.O. Box 1592, Roswell, New Mexico 88202-1592			9. Pool name or Wildcat Shipp Strawn
4. Well Location			
Unit Letter P : 66	60feet from the South	line and 33	60feet from the _Eastline
Section 34		tange 37-E	NMPM Lea County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3,766' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
11. Check Ap NOTICE OF INT		nature of Notice,	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WOR	
TEMPORARILY ABANDON	EMPORARILY ABANDON CHANGE PLANS COMMENCE DR		ILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AI	
OTHER:		OTHER:	
12. Describe proposed or complet	ted operations. (Clearly state al SEE RULE 1103. For Multiple	l pertinent details, an Completions: Attac	nd give pertinent dates, including estimated date ch wellbore diagram of proposed completion
the end of the lateral at the and bit. PU reverse bit and	se unit. PU downhole motor a current BHL of 1,861' FSL &	555' FEL (Unit I).(everse circulate ho	t obstruction in curve and continue to Come out of the hole with the motor ple to the end of the lateral to insure production.
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			5 MAR 2003
			HOLYED
			OCD
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE CL	(1 f)(1 (1 f)	Vice President	DATE_3/25/03
Type or print name Richard C			Telephone No. (505) 623-9799
(This space for State RICHAL SIG			
CARY W WIN	K	ACEP	DATE MAR 28 20
APPPROVED BYOC FILE ROLL CONDITIONS OF Approval, if any:	ESENTATIVE II/SIAFH MAN	AULK	DATE