STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

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.)

7. Unit Agreement Name

1. OIL WELL [X] GAS WELL [ ] OTHER-

8. Farm or Lease Name: New Mexico State

2. Name of Operator: Knox Industries, Inc.

9. Well No.: 2

3. Address of Operator: P. O. Box 3023, Midland, Texas 79702

10. Field and Pool, or Wildcat: Scarb

4. Location of Well: UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 1, TOWNSHIP 19-S, RANGE 34-E, NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3949.5 GR

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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [X]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [X]	
OTHER [ ]		OTHER [ ]	

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.

MI&RURT. Spudded 17-1/2" hole @ 2:00 P.M. 3-28-80. Drld to 525'. Ran 13 jts. 13-3/8" O.D. 48# H-40 STC casing set at 525' and cemented w/550 sx Class "C" cement w/2% $CaCl_2$. P.D. 4:00 A.M. 3-29-80. Cement circulated to surface and circulated out estimated 70 sx. WOC 18 hrs. Cut off, installed head & BOP. Tested BOP and casing to 600 psi for 30 mins., held O.K.

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

SIGNED Leland Franz Leland Franz TITLE Engineer DATE April 1, 1980

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: