

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-

5a. Indicate Type of Lease
State ☒ For ☐
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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator Knox Industries, Inc.	8. Farm or Lease Name New Mexico State "B" State
3. Address of Operator P. O. Box 3023, Midland, TX 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM <u>East</u> THE LINE, SECTION <u>3</u> TOWNSHIP <u>19S</u> RANGE <u>34E</u> NE1/4	10. Field and Pool, or Wildcat E. La Rica Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3987 GR	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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

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.

Spudded well 10:30 P.M., 5-21-81. Drilled 17-1/2" hole to 515'. Ran 12 jts., 520', 13-3/8" O.D. 48# K-55 STC casing, set at 515'. Used guide shoe, insert float, 3 centralizers. Cemented w/530 sx. Class "C" cement w/2% CaCl₂. Cement circulated. PD 8:15 P.M. 5-22-81. WOC 24 hrs. NU BOPs. Tested BOPs and casing to 600 psi. Held OK for 30 minutes. Drilled out w/12-1/4" bit.

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

SIGNED Zelma Hanz TITLE Production Manager DATE 5-26-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

1. Supv.