

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-934

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection	7. Unit Agreement Name
2. Name of Operator Kirby Exploration Company of Texas	8. Farm or Lease Name New Mexico "M" State
3. Address of Operator P.O. Box 1745, Houston, TX 77251	9. Well No. 27
4. Location of Well UNIT LETTER H 1980 FEET FROM THE north LINE AND 660 FEET FROM THE east LINE, SECTION 30 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix-Seven Rivers-Queen Grayberg
11. Elevation (Show whether DF, RT, GR, etc.) 3414' DF	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 <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 type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Repair casing leak <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input 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.

Repair casing leak and restore to injection capacity for flood contribution.

THE OPERATOR'S SIGNATURE  
29 APR 1987

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <i>Jerry Sexton</i>	TITLE Regulatory Supervisor	DATE 4-7-87	
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR			
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:			

APR 10 1987

RECEIVED  
APR 9 1987  
OCD  
HOBBS OFFICE