

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87504

State of New Mexico
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87504

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-20350
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Knight
8. Well No. 11
9. Pool name or Wildcat Langlie Mattix 7 RUS Q

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. Type of Well:
Oil Well ☐ Gas Well ☒ Other **INJECTION**

2. Name of Operator **Smith & Marrs Inc.**

3. Address of Operator **Box 863 Kermit, TX. 79745**

4. Well Location
Unit Letter **M** : **5** feet from the **South** line and **1315** feet from the **West** line
Section **22** Township **24S** Range **37E** NMPM County **Lea**

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. 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 checked="" 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"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Perfs @ 3389'-3630' - open hole
We would like to request T&A status For study or Future use.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE CLOSURE TO BE APPROVED.

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

SIGNATURE **Rickey Smith** TITLE **President** DATE **10-5-01**

Type or print name **Rickey Smith** Telephone No. **915-586-3076**
(This space for State use)

APPROVED BY **Chris Williams** TITLE _____ DATE _____
Conditions of approval, if any:

Must set CIBP at minimum of 50' above perfs & maximum of 100' above perfs. ~~perform~~ Pressure test casing to 500 psi for 30 minutes w/ less than 10% drop. Call Hoyle OCD ~~that has~~ in advance before testing. Chris Williams

API Well No.	30-025-20350-00-00	Owner	SMITH & MARRS INC	County	Lea
Well Name	KNIGHT	Number	011	Inspect No.	unk0006331
Well Type	Injection - (All Types)	Well Status	Active		
UL- S-T-R	M - 22 - 24S - 37E	Facility/Project	NA		

Purpose	Violation? <input type="checkbox"/> SNC? <input type="checkbox"/> Well Idle >1 Year? <input type="checkbox"/>	Current Type: I Status: A Type Status
Type	PHOTO	Change ONGARD to...
Notification Type	MIT Witnessed	Respondant
Date Performed	10/30/1989	NO WORK REQUIRED-SHUT IN.
Date NOV		
Date RmdyReq		
Date Extension		
Date Passed		
Comply#	IncidentNo	Inspector R.A. Sadler Duration

API Well No.	30-025-20350-00-00	Owner	SMITH & MARRS INC	County	Lea
Well Name	KNIGHT	Number	011	Inspect No.	unk0006330
Well Type	Injection - (All Types)	Well Status	Active		
UL- S-T-R	M - 22 - 24S - 37E	Facility/Project	NA		

Purpose	Violation? <input type="checkbox"/> SNC? <input type="checkbox"/> Well Idle >1 Year? <input type="checkbox"/>	Current Type: I Status: A Type Status
Type	PHOTO	Change ONGARD to...
Notification Type	MIT Witnessed	Respondant
Date Performed	10/19/1988	
Date NOV		
Date RmdyReq		
Date Extension		
Date Passed		
Comply#	IncidentNo	Inspector R.A. Sadler Duration

API Well No. 30-025-20350-00-00 Owner SMITH & MARRS INC County Lea
Well Name KNIGHT Number 011 Inspect No. iE1 G0001587
Well Type Injection - (All Types) Well Status Active
UL- S-T-R M - 22 - 24S - 37E Facility/Project NA

Purpose Normal Routine Activity Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: I Status: A Type S
Type PHOTO
Notification Type Routine/Periodic Respondant SMITH & MARRS INC 20989
Field Visit or Inspection SI/I N/FL
Date Performed 03/07/2000 Compliance
Date NOV
Date RmdyReq
Date Extension
Date Passed

Failed Items

Comply# IncdntNo Inspector E.L. Gonzales Duration

API Well No. 30-025-20350-00-00 Owner SMITH & MARRS INC County Lea
Well Name KNIGHT Number 011 Inspect No. iSAD0119828142
Well Type Injection - (All Types) Well Status Active
UL- S-T-R M - 22 - 24S - 37E Facility/Project NA

Purpose MIT Witnessed - Pressure Test Violation? ☐ SNC? ☐ Well Idle >1 Year? ☐ Current Type: I Status: A Type S
Type PHOTO
Notification Type MIT Witnessed - Pressure Test Respondant
A-OK. All Equipment and Location in Good Shape.
Date Performed 08/01/2001 Compliance
Date NOV
Date RmdyReq
Date Extension
Date Passed

Failed Items

Comply# IncdntNo Inspector Buddy Hill Duration