| 18. I hereby certify that the information | on above is true and c | omplete to the best of | of my knowledge and belief. | | | | |
|---|----------------------------------|---------------------------|---|-----------------|-----------------------------|---------------------|--|
| | | | | | | | |
| | - | | | | | | |
| ILLEG | iBLE | | | | | | |
| of Les Clements, | surface. Teste Oil & Gas Insp | ed for leaks an ector. | d back filled cellar | s upon app | proval | | |
| Dug out cellar and | l exposed head | s on all casing | g strings. Installed | fitting fro | m each | starting any propos | |
| other 17. Describe Proposed or Completed | Operations (Clearly s | tate all pertinent det | ails, and give pertinent dates | s. including es | timated date of | starting any propos | |
| TEMPORARILY ABANDON PUL. OR ALTER CASING | | ANGE PLANS | COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JO OTHER | дв 🔀 | PLUG | AND ABANDONMENT | |
| NOTICE OF | INTENTION TO: | UG AND ABANDON | SUB: | | REPORT OF | RING CASING | |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3223 Gr. Check Appropriate Box To Indicate Nature of Notice, Report or Oth | | | | | Lea | | |
| THE West LINE, SEC | | | RANGE 37E | | | | |
| UNIT LETTER | 2635 FEET FR | OM THE South | LINE AND 5 | _ FEET FROM | Langlie-1 | Mattix | |
| P.O. box 145, Monahans, Texas 79756 4. Location of Well | | | | | 8 | | |
| George L. Buckles Comp 3. Address of Operator | any | | | | Knight | | |
| 1. OIL GAS WELL 2. Name of Operator | OTHER- W | ater Injection | | | 7. Unit Agreeme | | |
| 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.) | | | | | | | |
| OPERATOR | | | | | 5, State Oil & C | Gas Lease No. | |
| LAND OFFICE | | | | | State | Fee X | |
| U.S.G.S. | - | | | <u> </u> | ia. Indicate Ty | ne of Lease | |
| SANTAFE | NEW / | MEXICO OIL CON | SERVATION COMMISSION | | C-102 and (Effective 1- | | |
| DISTRIBUTION | _ | | | | Form C-103 Supersedes | _ | |
| NO. OF COPIES RECEIVED | _ | | | | | 011 | |

CONDITIONS OF APPROVAL, IF ANY

RECEIVED