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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name
2. Name of Operator George L. Buckles Company	8. Farm or Lease Name Knight
3. Address of Operator P. O. Box 145, Monahans, Texas 79756	9. Well No. 7
4. Location of Well UNIT LETTER I , 1315 FEET FROM THE East LINE AND 2635 FEET FROM THE South LINE, SECTION 21 TOWNSHIP 24 S RANGE 37 E NMPM.	10. Field and Pool, or Wildcat Langle-Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3216 Ground	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Deepening

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.

September 27, 1969 - Moved on cable tool rig and drilled to a new total depth of 3620 feet. Ran tubing and put well on injection.

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

SIGNED *Robert M. Orr* (Robert M. Orr) TITLE President DATE October 16, 1969

APPROVED BY *Joe D. Kamy* TITLE _____ DATE 1969

CONDITIONS OF APPROVAL, IF ANY: