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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.

SUNDY 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. 5
4. Location of Well UNIT LETTER M . 3 FEET FROM THE West LINE AND 1315 FEET FROM THE South LINE, SECTION 22 TOWNSHIP 24-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Langlie-Matrix
15. Elevation (Show whether DF, RT, GR, etc.) 3225 G.	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 JOB <input type="checkbox"/>	OTHER Deepening <input checked="" 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.

September 18, 1969 - Moved on cable tool rig and drilled well to a new total depth of 3634'.
Ran tubing and put well on water 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 **September 22, 1969**

APPROVED BY *Joe J. Hamey* TITLE **SUPERVISOR DEPUTY**

DATE **SEP 24 1969**

CONDITIONS OF APPROVAL, IF ANY: