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LAND OFFICE	
OPERATOR	

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.	
7. Unit Agreement Name	
8. Farm or Lease Name Knight	
9. Well No. 13	
10. Field and Pool, or Wildcat Langlie-Mattix	
12. County Lea	

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
2. Name of Operator George L. Buckles Company
3. Address of Operator P. O. Box 145, Monahans, Texas 79756
4. Location of Well UNIT LETTER P , S FEET FROM THE East LINE AND 5 FEET FROM THE South LINE, SECTION 21 TOWNSHIP 24E RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) -

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 <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input 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.

8-16-69 Moved on cable tool rig and drilled well from 3566' to new total depth of 3641'. 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 Vice President	DATE 8-25-69
APPROVED BY [Signature]	TITLE SUPERVISOR DISTRICT 1	DATE AUG 29 1969
CONDITIONS OF APPROVAL, IF ANY:		