Submit 3 Copies to Approvime District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Reviews 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVAT P.O. Box 2 Santa Fe, New Mexic		2088	WELL API NO. 30-045-27766		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			5. Indicate Type of	STATE	FEE 🗌
			6. State Oil & Gas I	Lease No.	
(DO NOT USE THIS FORM FOR PRI DIFFERENT RESEI (FORM C	ICES AND REPORTS ON VOPOSALS TO DRILL OR TO DEE RVOIR. USE "APPLICATION FOR 101) FOR SUCH PROPOSALS.)	PEN OR PLUG RACK TO A	7. Lease Name or U	nit Agreement Nam	
1. Type of Well: OIL GAS WELL X	OTHER.		New Mexico	"A" Com	
2. Name of Operator UNION TEXAS PETROLEUM	CORPORATION		8. Well No.		
P. O. BOX 2120, HOUST			9. Pool name or Will Basin Fruit		
4. Well Location Unit Letter A: 11	00 Feet From The North	Line and 790	Foot From T	ne <u>Eas</u> t	Line
Section 16	Township 29N	Rese: 12W	NMPM San Ju	<u> </u>	
	10. Elevation (Show who	ther DF, RKB, RT, GR, etc.)	NAPA San of	Jan	Country
11. Check	5784 Appropriate Box to Indica	te Nature of Notice P	cont on Other I		
NOTICE OF INT	ENTION TO:		SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		LTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING			_
PULL OR ALTER CASING		CASING TEST AND CE		LUG AND ABAND	
OTHER: APD Extension	,		EMENT JOB []		Γ
12. Describe Proposed or Completed Operationsk) SEE RULE 1103.	CHOTY HATE AS PERIORIS ACIDA	s, and give pertinent dates, inclu	ding estimated date of s	tarting any proposed	ı
We request extension f permit spudding before	for this well. The A the expiration date	PD expires 10/26/9	O. Rig avail	ability wil	l not
APPROVAL EXPLUNIESS DRILLIN		u u	E I V E 1 2 1990	Transce	
WITHIN 10 DAY	UST BE SUBMITTED		OIL C	ON. DIV	
,	.			est a	
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.			
SIONATURE AND M	YUTU	Regulatory Pe	rmit Coord.	DATE 10/10	/90
TYPE OR FRINT NAME				TELEPHONE NO.	
(This space for State Use)	1				4 0 4004
AFFROVED BY	\	SUPERVISOR DI	STRICT # 3	- DATE UUI	1 2 1990