

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-045-27767

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
F-922-6

7. Lease Name or Unit Agreement Name

NEW MEXICO B COM

8. Well No.
3

9. Pool name or Wildcat
BASIN FRUITLAND COAL

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. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
UNION TEXAS PETROLEUM CORPORATION

3. Address of Operator
P. O. BOX 2120 - HOUSTON, TX 77252-2120

4. Well Location
Unit Letter K : 1835 Feet From The SOUTH Line and 1645 Feet From The WEST Lin

Section 16 Township 29N Range 11W NMPM SAN JUAN County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5742' GR

11. 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>APD CANCELLATION</u> <input checked="" type="checkbox"/>		OTHER: <u></u> <input type="checkbox"/>	

12. 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.

APD EXPIRES 4/26/91. WE HAVE NO PLANS TO DRILL THIS WELL. PLEASE CANCEL THIS PERMIT.

RECEIVED

MAR 11 1991

OIL CON. DIV.
DIST. 3

ABANDONED LOCATION

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

SIGNATURE [Signature] TITLE REGULATORY PERMIT COORDINATOR DATE 3/5/91

TYPE OR PRINT NAME TELEPHONE NO. 713-968-365

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3 DATE MAR 11 1991

CONDITIONS OF APPROVAL, IF ANY: