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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 [X]   Fee [ ]

5. State Oil & Gas Lease No.
LG - 0038

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 [ ]   GAS WELL [X]   OTHER-

7. Unit Agreement Name

2. Name of Operator
UNIVERSAL RESOURCES CORPORATION

8. Farm or Lease Name
STATE *Com*

3. Address of Operator
1125 17TH STREET, #1800, DENVER, COLORADO 80202

9. Well No.
1-18

4. Location of Well
UNIT LETTER __N__ . __1190__ FEET FROM THE __SOUTH__ LINE AND __1850__ FEET FROM

THE __WEST__ LINE, SECTION __16__ TOWNSHIP __32N__ RANGE __12W__ NMPM.

10. Field and Pool, or Wildcat
BLANCO MESAVERDE

15. Elevation *(Show whether DF, RT, GR, etc.)*
5989' KB, 5977' GR

12. County
SAN JUAN

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [X]

TEMPORARILY ABANDON [ ]

PULL OR ALTER CASING [ ]

PLUG AND ABANDON [ ]

CHANGE PLANS [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]

COMMENCE DRILLING OPNS. [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER _____

ALTERING CASING [ ]

PLUG AND ABANDONMENT [ ]

[ ]

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.

UNIVERSAL RESOURCES PROPOSES TO REPAIR SUSPECTED HOLE IN CASING AS
FOLLOWS:

* ISOLATE CASING LEAK, IF ANY

* SQUEEZE WITH 50 SACKS CEMENT

* DRILL OUT AND PRESSURE TEST SQUEEZE

* RETURN WELL TO PRODUCTION

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

SIGNED _____   TITLE DIV. OPER. ENGINEER   DATE MAY 19, 1983

APPROVED BY Original Signed by FRANK T. CHAVEZ   TITLE SUPERVISOR DISTRICT # 3   DATE MAY 23 1983

CONDITIONS OF APPROVAL, IF ANY: