

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

COPIES RECEIVED		
TRIBUTION		
FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Union Texas Petroleum Corporation	8. Farm or Lease Name Alston
3. Address of Operator 1300 Wilco Building - Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER - D 330 FEET FROM THE North LINE AND 330 FEET FROM THE West LINE, SECTION 26 TOWNSHIP 25-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Langlie-Mattix
15. Elevation (Show whether DF, RT, GR, etc.) NA	12. County Lea

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 <u>Well Status</u> <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 1703.

- (1) Status of Well - Temporarily Abandoned.
- (2) Date T.A. Commenced - July 1, 1974.
- (3) Future Plans - Study for possible same zone workover.
- (4) Date of Future Plans - February 1, 1976.

Expires 1-1-76

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNED D. H. Pukering TITLE Asst. Dist. Prod. Manager DATE 1-13-75

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: