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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 Fee

5. State Oil & Gas Lease No.
E-9226 and E-3149

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 checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Union Texas Petroleum	8. Farm or Lease Name New Mexico "B"
3. Address of Operator Suite B-400, 1740 Broadway, Denver, Colorado	9. Well No. 1
4. Location of Well UNIT LETTER L 1450 FEET FROM THE S LINE AND 875 FEET FROM THE W LINE, SECTION 16 TOWNSHIP 29 N RANGE 11 W NMPM.	10. Field and Pool, or Wildcat Basin Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 5582 GL	12. County San Juan

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input checked="" type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>
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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.

12/14-15-16: Perforated from 6298 to 6330, 6214-6222 (KB msmts). Sand-water frac w/60,000# 20-40 sand and 63,000 gals. water.



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

SIGNED: Emery C. Arnold TITLE: District Superintendent DATE: December 27, 1965

APPROVED BY: Original Signed Emery C. Arnold TITLE: Supervisor Dist. # 3 DATE: DEC 28 1965

CONDITIONS OF APPROVAL, IF ANY: _____