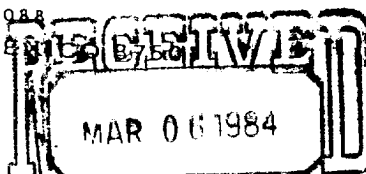


OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA 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 ☒ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator UTEX OIL COMPANY	8. Farm or Lease Name WESTLAND DEVELOPMENT
3. Address of Operator SUITE 41-B, 4700 SOUTH 9th EAST, SALT LAKE CITY, UTAH 84117	9. Well No. 1-J1E
4. Location of Well UNIT LETTER <u>P</u> <u>990</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>990</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>1</u> TOWNSHIP <u>10N</u> RANGE <u>1E</u> NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 5752 GR	12. County BERNALLILO

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER ☐

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.

Ran 17 joints 13 3/8" 54.7# J55 ST&C casing. Set at 515' K.B.. Total footage 518.69. Cemented with 600 sx Class B cement with 5# sk gilsonite, 1/4# sk celloflakes, 2% calcium chloride. Circulated throughout job. Bump plug with 1000 psi. Held. Job complete at 10:00 P.M. 2-19-84. Pressure test BOP equipment and casing to 1000 psi.

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

SIGNED W. Hansen TITLE Executive Secretary DATE 2-29-84
APPROVED BY Roy E Johnson TITLE _____ DATE 3-6-84
CONDITIONS OF APPROVAL, IF ANY: