

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-04551
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-9262
7. Lease Name or Unit Agreement Name North Benson Queen Unit
8. Well Number 21
OGRID Number 5300
10. Pool name or Wildcat Queen - Grayburg

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 ☒ Injection Well

2. Name of Operator
United Oil & Minerals Limited Partnership

3. Address of Operator
1001 Westbank Dr., Austin, TX 78746

4. Well Location
Unit Letter **N** : **660** feet from the **South** line and **1980** feet from the **West** line
Section **27** Township **18S** Range **30E** NMPM **Eddy** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3429' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Run Mechanical Integrity test – test at min. 500 psi pressure for 30 minutes; record with a chart and give notice to OCD for witness.

Operator will use current packer to isolate perfs. as per Ms. Patton on 9-15-03 via phone call.

Notify OCD **24 hours**
prior to test. 748-1283

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

SIGNATURE Mary Curless Patton TITLE Regulatory Coordinator DATE 9/10/2003

Type or print name Mary Curless Patton E-mail address: mpatton@uominc.com Telephone No. (512) 328-8184
(This space for State use)

APPROVED BY [Signature] TITLE Wild Sep ID DATE SEP 16 2003
Conditions of approval, if any: