

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

MAY 8 '89

O. C. D.

WELL API NO. 30-015-25868
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG 6384

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name NESTE 6
2. Name of Operator UNION TEXAS PETROLEUM CORPORATION ✓	8. Well No. 2
3. Address of Operator P. O. BOX 2120, HOUSTON, TX 77252-2120	9. Pool name or Wildcat N. Shugart (Bone Spring)
4. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>940</u> Feet From The <u>East</u> Line Section <u>6</u> Township <u>18S</u> Range <u>31E</u> NMPM <u>EDDY</u> County _____	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3462 GR	

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Additional Perfs to Bone Spring <input type="checkbox"/>

12. 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.

4/26/89 Perf'd Bone Spring "E" @ 7570-90'.
4/27/89 Acidized w/2500G 15% NEFE HCL.
4/28/89 POH w/PKR & RBP. RIH w/Prod. Equip.
4/29/89 Put well to pumping.
5/03/89 Pump test well - 26 B0, 78 BW, 135 MCF.

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

SIGNATURE Ken E. White TITLE Regulator Permit Coordinator DATE 5/03/89
TYPE OR PRINT NAME KEN E. WHITE TELEPHONE NO. 713/968-4004

(This space for State Use)

Original Signed By
Mike Williams

APPROVED BY _____ TITLE _____ DATE MAY 8 1989

CONDITIONS OF APPROVAL, IF ANY: