

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
RECEIVED

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

JAN 30 1989  
O.C.D.  
ARTESIA OFFICE

WELL API NO. n/a
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. 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. 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-Attn: Ken White ✓	8. Well No. 3
3. Address of Operator P.O. Box 2120, Houston, Texas 77252-2120	9. Pool name or Wildcat No. Shugart (Bone Spring)
4. Well Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</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.) 3654

11. 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 ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

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

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.

12/13/88 Perf'd Bone Spring "E" @ 7658-7718' w/1JSPF, 61 holes.  
12/14/88 Acidized w/6000 gal 15% HCL, NEFE, flushed w/4000 gal 2% KCL.  
12/15/88 Set packer @ 7606 w/12,000# Comp. wellhd. SWBD 9 hrs, Rec'd 30 B0 & 135 BW.  
12/20/88 Acidized w/10,000 gal 15% NEFE HCL acid foamed to 65 quality.  
12/21/88 Flowed well to test separator, 261 B0, 5 BW & 171 MCF.

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

SIGNATURE Ken White TITLE Regulatory Permit Coordinator DATE 01/27/89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed By  
Mike Williams

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 31 1989

CONDITIONS OF APPROVAL, IF ANY: