

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Geology, 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

DEC 7 '90

WELL API NO.

N/A

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Neste 6

8. Well No.

3

9. Pool name or Wildcat

No. Shugart (Bone Spring)

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Union Texas Petroleum Corp. Attn: Ken White

3. Address of Operator

P. O. Box 2120, Houston, TX 77252-2120

4. Well Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line

Section 6

Township

18S

Range

31E

NMPM

Eddy

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: 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.

1. Hot oil well & Hull Rods.
2. Tested tbf in hole at set and tested RBP.
3. Acidize E. Carbonate with 15,000 gallons acid foamed to 65 quality
4. Run tbg & rods, reg. down unit
5. Put well back on production

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 Coord.

DATE

12.3.90

TYPE OR PRINT NAME

TELEPHONE NO.

968-3654

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

DEC 19 1990

CONDITIONS OF APPROVAL, IF ANY: