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Form C-103 Revised 1-1-29	W-

State of New Mexico Submit 3 Copies to Appropriate Energy, Minerals and Natural Resources Department District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. 310 Old Santa Fe Trail, Room 206 30-015-29657 DISTRICT II P.O. Drawer DD, Artenia, NM 88210 Santa Fe, New Mexico 87503 5. Indicate Type of Lease STATEXX DISTRICT III 1000 Rio Brizzos Rd., Aziec, NM 87410 FEE AUG 1 3 1997 6. State Oil & Gas Lesse No. SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE 'APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL □ Artesia State Com 2. Name of Operator L Well No. UMC Petroleum Corporation 3. Address of Operator 9. Pool same or Wildox 410 17th Street, Suite 1400, Denver CO Turkey Track, Morrow, N. 4. Well Location 990 North 1980 Feet From The West Feet From The Line 23 Section 18S 28E Eddy Township Range **NMPM** Count 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3521' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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 ABANDONMEN **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB Amend Total Depth of Well X OTHER: 12. Describe Proposed or Completed Operations (Clearly state all partinent details, and give partinent dates, including estimated date of starting any proposed work) SEE RULE 1103. UMC Petroleum is requesting permission to extend the original permitted Total Depth of the well from 10,950' to 11, 050'. The well is currently at 10,940'. There is no indication that the taget zone is with-in the permited depth, we expect to hit the target with-in the next 50 to 100 feet of depth.

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I hereby certify that the information above is true and complete to the best of my incoving		Regulatory Coordinator	8/14/97
TYPE OR FRONT NAME	m.e .	TELEPHONE NO.	DATE
(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR	- TITLE -		AUG 2 0 1997
CONDITIONS OF APPROVAL, SF ANY:	III.E -	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE