

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

c157
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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

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.)		WELL API NO. 30-015-25311
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐		5. Indicate Type of Lease STATE ☐ FEE ☐
2. Name of Operator Unit Petroleum Company		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 702500, Tulsa, OK 74170-2500		7. Lease Name or Unit Agreement Name Pan Canadian "B" #3
4. Well Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>N</u> Line and <u>785</u> Feet From The <u>E</u> Line Section <u>34</u> Township <u>19S</u> Range <u>25E</u> NMPM <u>Eddy</u> County		8. Well No. <u>3</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3502</u>		9. Pool name or Wildcat Seven Rivers (Yeso)

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

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 ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

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.

The Pan Canadian "B" #3 was returned to production 10/17/00.



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

SIGNATURE Kelly Ryan TITLE District Engineer DATE 10/17/00

TYPE OR PRINT NAME Kelly Ryan

TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Record Only