

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

WELL API NO.	30 015 2156600
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Toothman Gas Com.
8. Well No.	1
9. Pool name or Wildcat	Carlsbad Wolfcamp, E. (Gas)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3140' DF

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 ☐ GAS WELL ☒ OTHER ☐

2. Name of Operator
Union Pacific Resources Company

3. Address of Operator
P. O. Box 7 - MS 3407, Fort Worth, Texas 76101-0007

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line
Section 25 Township 21S Range 27E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3140' DF

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"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/> Casing Test
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Prior to commencing operations to dually complete this well, a pressure test of the casing was performed 11-5-90 by loading the 5 1/2" casing with 81 bbls 2% KCL water & pressure testing casing to 1500 psi for 10 minutes. Pressure held with no leakage detected.

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

SIGNATURE Kris Curran TITLE REGULATORY ANALYST DATE 2-15-91

TYPE OR PRINT NAME KRIS CURRAN TELEPHONE NO. (817) 877-7325

(This space for State Use)

APPROVED BY Barndt TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: