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NEW MEXICO OIL CONSERVATION COMMISSION

DEC 6 1972

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Form C-103
Supersedes O14
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State ☐	Fee ☒
5. 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. ☐ OIL WELL ☐ GAS WELL ☐ OTHER - Dry hole		7. Unit Agreement Name
2. Name of Operator Union Oil Company of California ✓		8. Name of Lease Name T. Lee
3. Address of Operator P.O. Box 671 - Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER <u>C</u> <u>1230</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>29</u> TOWNSHIP <u>22-S</u> RANGE <u>27-E</u> N.M.P.M.		10. Field and Pool, or Tract
11. Elevation (Show whether DF, RT, GR, etc.) 3147.5' GR		12. County Eddy

15. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REVEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT LOGS ☐	OTHER <u>Perforation & treatment</u> ☒

17. 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.

6-22-72 to 7-8-72:

Perforated 5½" casing 11393-11474' (37 holes). Acidized perfs with 2000 gals. 15% acid w/20% Isopropyl Alcohol. Est. rate 100 Mcf/D.

9-20-72 to 9-26-72:

Gas fraced perfs with 18000 gals. Gas Frac III and 11800# 20/40 sand. Est. rate 100 Mcf/D plus 10 Bbls/hr water, ½" choke, TP: 0 psi.

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

SIGNED [Signature] TITLE District Drilling Supt. DATE Dec. 5, 1972

APPROVED BY [Signature] TITLE Oil and Gas Inspector DATE DEC 5 1972

CONDITIONS OF APPROVAL, IF ANY: