

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-70

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
E-9053-1

**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

2. Name of Operator  
Union Texas Petroleum Corporation

3. Address of Operator  
P. O. Box 808, Farmington, New Mexico 87499

4. Location of Well  
UNIT LETTER M 881 FEET FROM THE South LINE AND 927 FEET FROM THE West LINE, SECTION 16 TOWNSHIP 28N RANGE 9W NMPM.

7. Unit Agreement Name

8. Farm or Lease Name  
State 16

9. Well No.  
3

10. Field and Pool, or wildcat  
Undesignated Gallup

15. Elevation (Show whether DF, RT, GR, etc.)  
6263 GR

12. County  
San Juan

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER _____	

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.

We desire to change the proposed total depth of this well from 6627' to 6892' in order to reach the base of the Greenhorn formation.

All other procedures to remain the same.

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

SIGNED W.K. Cooper TITLE Field Operations Manager DATE July 26, 1983

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: