Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease STATE ☐ FEE ☐ Patended

6. 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.)

7. Lease Name or Unit Agreement Name: Julander

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

8. Well No. 1

2. Name of Operator: Union Texas Petroleum Corp.

9. Pool name or Wildcat: Basin Dakota

3. Address of Operator: P.O. Box 2120 Houston, TX 77252-2120

4. Well Location
Unit Letter J : 1850 Feet From The South Line and 1550 Feet From The East Line
Section 31 Township 29N Range 11W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 54531 RKB

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: Repair casing leak ☒		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.

Repair the shallow casing leak and eliminate communication between the casing and bradenhead. The casing failure was identified during a bradenhead test 9-24-84. NMOCD has directed UTP to repair problem.

RECEIVED
NOV 13 1989
OIL CON. DIV
DIST. 3

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

SIGNATURE [signature] TITLE Regulatory Permit Coord. DATE 11-9-89

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by CHARLES GHOLSON TITLE DATE NOV 13 1989

CONDITIONS OF APPROVAL, IF ANY: