Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

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	OIL CONSERVA		WELL API NO.
P.O. Box DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexi			30-045-27765
DISTRICT III			5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 874	10		6. State Oil & Gas Lesse No. V-100
(DO NOT USE THIS FORM FOR DIFFERENT RE	OTICES AND REPORTS ON PROPOSALS TO DRILL OR TO DE SERVOIR. USE "APPLICATION FO M C-101) FOR SUCH PROPOSALS.	EPEN OR PLUG BACK TO A PERMIT"	7. Lease Name or Unit Agreement Name
1. Type of Well: OR. OAS WELL WELL	X ones		State Com 31-8
2. Name of Operator UNION TEXAS PETROLI	HIL COPPORATION		8. Well No.
3. Address of Operator	JOHN OWNER OF MILITIAN	· · · · · · · · · · · · · · · · · · ·	9. Pool name or Wildcat
P.O. Box 2120, Hous	ston, TX 77252-2120		Basin Fruitland Coal
Unit Letter M : 13	225 Feet From The South	Line and1015	Feet From The West Line
Section 2	Township 31N	Range 8W	NMPM San Juan County
	10. Elevation (Show w)	nether DF, RKB, RT, GR, etc.)	
11. Chec	k Appropriate Box to Indic	ate Nature of Notice. R	eport, or Other Data
			SEQUENT 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 CE			
OTHER:	· · · · · · · · · · · · · · · · · · ·	OTHER: Pressur	Te Test
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent deta	uils, and give pertinent dates, includ	ding estimated date of starting any proposed
	surface. Test Blind		Csg. @ 360' w/200 sx. cmt; held test pipe rams to
	to 3700'. Logged. Ra surface. Released ri		3699' w/475 sx cmt;
			RECEIVED JUNI 1 1991
			OIL CON. DIV
			DIST. 3
I hereby certify that the information above is	true and complete to the best of my knowled	ge and belief.	
SIONATURE Ken White		Reg. Permit C	Coordinator DATE 6/3/91
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)		CHDEDWICKS 545	TRICT#3 JUN 1 1 1991
APPROVED BY Original Signed by F	RANK T. CHAVEZ	SUPERVISOR DIS	TRIULES DATE ————————————————————————————————————