Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised June 10, 200: WELL API NO.	<u>,</u>
District II			30-015-32801	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	┨
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE S FEE	_
District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No. K-3977		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	٦
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Yates State	
PROPOSALS.) 1. Type of Well:			8. Well Number	
Oil Well Gas Well X Other			2 RECEIVE	
Name of Operator Unit Petroleum Company			9. OGRID Number APR 2 6 2004	4
3. Address of Operator			10. Pool name or Wildcat	s
P.O. Box 702500 Tulsa, OK 74170			Burton Flat - Morrow	
4. Well Location				
Unit Letter M: 1310 feet from the South line and 1310 feet from the West line				
Section 10	Township 21S	Range 27		
	11. Elevation (Show whether DR, 3268' GR	RKB, RT, GR, etc.,		
12 Check A	Appropriate Box to Indicate N	ature of Notice	Report or Other Data	
NOTICE OF IN			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		1
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AI CEMENT JOB	ND 🗆	
OTHER:		OTHER:		
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
3-24-04 SITP 4325 psi. Fir	st sales to El Paso @ 900 mcf/day ı	rate.		
4-1-04 Acidized Atoka perforations with 3000 gal 7 1/2% HCL. Flowed well and put down line.				
I hereby certify that the information	above is true and complete to the b	est of my knowledg	e and belief.	
SIGNATURE Ally	TITLE	District Engineer	DATE 12/3/03	
Type or print name Kelly Ryan This space for State use)	E-mail ad	ldress:	Telephone No. 918-493-7700	
APPPROVED BY	FOR RECORDS ANLY		DATE BEAL	
Conditions of approval if any:	11100		DATE MAY 0 5 200)4

Conditions of approval, if any: