Form 3160-5 (September 2001)

(Continued on next page)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an

phonogened well. Her Form 2460 3 (APD) for such proposals

5. Lease Serial No. NM 033775

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side				7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well  Oil Well  Gas Well  Other Injection well  2. Name of Operator  United Oil & Minerals, L.P.				LC 028978 B		
Oil Well Gas Well Other Injection well			8. Well Name and No.			
2. Name of Operator		A	4	North Benson	Queen Unit, Well #18	
United Oil & Minerals, L.P.	· · · · · · · · · · · · · · · · · · ·			9. API Well No	· · · · · · · · · · · · · · · · · · ·	
3a. Address		3b. Phone Novinclude	rea codellos	30-015-10128		
1001 Westbank Dr., Austin, TX 78746 (512) 328-8184 OCD ECE/VED				10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T, R., M., or Survey Description) Unit Letter L: 1650' FSL & 660' FWL of Sec. 27, T-18-S, R-30-E					Queen-Grayburg	
Unit Letter L: 1650 FSL & 660	J FWL 01 Sec. 2/, 1-18-5, K-	C F:2	174 AS	/ 11. County or Pa	irish, State	
		1.364	S. S	Eddy County,	New Mexico	
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE NATUR	E OF NOTICE, RI			:
TYPE OF SUBMISSION TYPE OF ACTION						
	Acidize	Deepen		/B	Water Shut-Off	_
Notice of Intent	Alter Casing	Fracture Treat	Production (Start	Resume)		
	Casing Repair	New Construction	Recomplete	붉	Well Integrity	
Subsequent Report	Change Plans	Plug and Abandon	Temporarily Aba		Other	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	indon		
testing has been completed. Find determined that the site is ready to the the	ested by attached Form C-103	filed only after all requires	nents, including reclan	nation, have been o	completed, and the operator	has
Name (PrintedlTyped)	g is tractand correct	1				
Mary Curliss Patton	Title Regulatory Coordinator					
Signature Mary Ste	liss fatton	Date 7/18/	/2003			
	THIS SPACE F	OR FEDERAL OR ST	ATE OFFICE USE			
Approved by (Signature)		Nan (Prin	ne ted/Typed)	Title	e	
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to contain the container.	il or equitable title to those right		ice		Date	
Title 18 U.S.C. Section 1001 and Tit States any false, fictitious or fraudule	tle 43 U.S.C. Section 1212, make not statements or representations as	it a crime for any person kr s to any matter within its jur	nowingly and willfully tisdiction.	o make to any dep	artment or agency of the Unit	ted