Submit 3 Copies To Appropriate District	State of New Me	:		E C 102
Office	Energy, Minerals and Natu			Form C-103 Revised June 10, 2003
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Winicials and Natu	uai Resources	WELL API NO.	revised June 10, 2003
District II	District II ONGED VATION DIVISION		30-015-10152	
1301 W. Grand Ave., Artesia, NM 88210 District III	W. Gland Ave., Alessa, Avi 60210		5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410	d., Aztec, NM 87410 Santa Fe, NM 87505		STATE 6. State Oil & G	FEE _
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Suitu i O, ivivi O	, 303	b. State Off & G	E-9262
87505	EG AND DEPONTS ON MEN LO		7 7)	
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSA	ES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PE			r Unit Agreement Name enson Queen Unit
DIFFERENT RESERVOIR. USE "APPLICA			NOI the Di	enson Queen Ont
PROPOSALS.) 1. Type of Well:		*	8. Well Number	
	Other Injection Welf	All 2000		41
2. Name of Operator	- OCO	ECEIVA IS	9. OGRID Numl	per
United Oil & N	Ainerals Limited Partnership	ARTESIA 3		5300
3. Address of Operator	ank Dr., Austin, TX 7876	-5/A NG/	10. Pool name or	
4. Well Location	ink Dr., Austin, TX 78746	- COE 100	Quee	n - Grayburg
4. Well Location	32	123		
Unit Letter <u>H</u> :	1650 feet from the North	thline and	330 feet from	the <u>East</u> line
Section 33			MPM Eddy	County
	11. Elevation (Show whether DR, 3439			
12. Check Ar	propriate Box to Indicate N		Report or Other	Data
NOTICE OF INT			EQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WORK		ALTERING CASING
TEMPORADII V ARANDON	CHANCE DI ANC	COMMENCE DOU	LING ODNE	DI LIC AND
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE	CASING TEST AN	D 🗆	
	COMPLETION	CEMENT JOB		
OTHER:		OTHER:		
13. Describe proposed or comple				
	s). SEE RULE 1103. For Multip	le Completions: Atta	ich wellbore diagr	am of proposed completion
or recompletion.				
Run Mechanical Integrity test te	st at min. 500 psi pressure for 30	minutes: record with	a chart and give r	notice to OCD for witness
3		, <u>-</u>	,	Total to a dep 101 Williams
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			ify OCD	
		nric	or to test.	748-1283
		PAA	<u>, </u>	
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r e				
The sales and Called de la Company		. 6 1 11	11 1: 6	
I hereby certify that the information ab	ove is true and complete to the be	est of my knowledge	and belief.	
SIGNATURE Many Curli	sofallon TITLE R	egulatory Coordina	tor	DATE 7/18/2003
\mathcal{O}	_			
Type or print name Mary Curlis	Patton E-mail addr	ress: mpatton@uo	minc.com Tele	phone No. (512) 328-8184
(This space for State use)	\vee	A -[][] _		JUL 2 2 2003
APPPROVED BY	TITLE	Julo ?	SAN E	DATE
Conditions of approval, if any:			1	