

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 abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.

NM 033775

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

LC 028978 B

8. Well Name and No.

North Benson Queen Unit, Well #31

9. API Well No.

30-015-10874

10. Field and Pool, or Exploratory Area

Benson, North Queen-Grayburg

11. County or Parish, State

Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

3. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Please see attached Form C-103 reporting the plug and abandonment of the subject inactive injection well.

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Mary Curliss Patton, P.E.

Title Regulatory Coordinator

Signature

Date 7/30/2003

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

Name
(Printed/Typed)

Title

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Date

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Continued on next page)

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

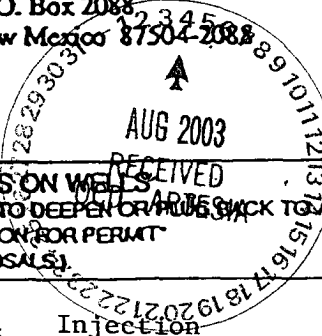
DISTRICT I
P.O. Box 1940, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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



WELL API NO. 30-015-10874
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-9262
7. Lease Name or Unit Agreement Name North Benson Queen Unit
8. Well No. 31
9. Pool name or Wildcat Queen Grayburg

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.)

1. Type of Well: oil <input type="checkbox"/> gas <input type="checkbox"/> other <input checked="" type="checkbox"/> Injection
2. Name of Operator United Oil & Minerals Limited Partnership
3. Address of Operator 1001 Westbank Dr., Austin, TX 78746
4. Well Location Unit Lease D : 660 Feet From The North Line and 660 Feet From The West Line Section 32 Township 18-S Range 30E NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3426 KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 1101.

7-07-03 MIRU, POOH w/ tbgr. & pkr. RIH @ 2700'.
7-08-03 Spot 25 sx cmt. w/ 2% + or - CaCl @ 2700', WOC 4 hrs.
7-09-03 Did not tag, respotted plug.
7-10-03 Tag cmt. @ 1253', PUH to 585', spot 45 sx to surface. Cmt. dropped, pumped another 10 sx. It also dropped to about 30', WOC 4 hrs. & pumped another 10 sx to surface. Held okay. Cut off wellhead, installed dry hole marker, & cleaned location. RDMO.

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

SIGNATURE Roger Massey TITLE Agent DATE 7-21-03
TYPE OR PRINT NAME Roger Massey TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
COMMITTEE OF APPROVAL, IF ANY: _____