

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised June 10, 2003

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.)		WELL API NO. 30-015-10193
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injection Well <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator United Oil & Minerals Limited Partnership		6. State Oil & Gas Lease No. E-9262
3. Address of Operator 1001 Westbank Dr., Austin, TX 78746		7. Lease Name or Unit Agreement Name North Benson Queen Unit
4. Well Location Unit Letter P : 330 feet from the South line and 330 feet from the East line Section 28 Township 18S Range 30E NMPM Eddy County		8. Well Number 23
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3471 KB		9. OGRID Number 5300
		10. Pool name or Wildcat Queen - Grayburg

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

Run Mechanical Integrity test – test at min. 500 psi pressure for 30 minutes; record with a chart and give notice to OCD for witness.

Notify OCD 24 hours
prior to test. 748-1283

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

SIGNATURE Mary Curliss Patton TITLE Regulatory Coordinator DATE 8/19/2003

Type or print name Mary Curliss Patton E-mail address: mpatton@uominc.com Telephone No. (512) 328-8184

(This space for State use)

APPROVED BY [Signature] TITLE Field Rep DATE AUG 22 2003
Conditions of approval, if any: