

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 87400

District IV

1220 S. St. Francis Dr., Santa Fe, NM

87505

State of New Mexico

Energy, Minerals and Natural Resources

Form C-103

Revised June 10, 2003

WELL API NO.

30-015-10193

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-9262

7. Lease Name or Unit Agreement Name

North Benson Queen Unit

8. Well Number

23

9. OGRID Number

5300

10. Pool name or Wildcat

Queen - Grayburg

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO PLUG 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 Well ☐ Gas Well ☐ Other ☒ Injection Well

2. Name of Operator

United Oil & Minerals Limited Partnership

3. Address of Operator

1001 Westbank Dr., Austin, TX 78746

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

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3471 KB

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: Mechanical Integrity test to TA well ☒

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.

Mechanical Integrity test was run 8-4-03 with proper notice to OCD for witness. See attached chart recording test.

Temporary Abandoned Status approved

until 8-4-06

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

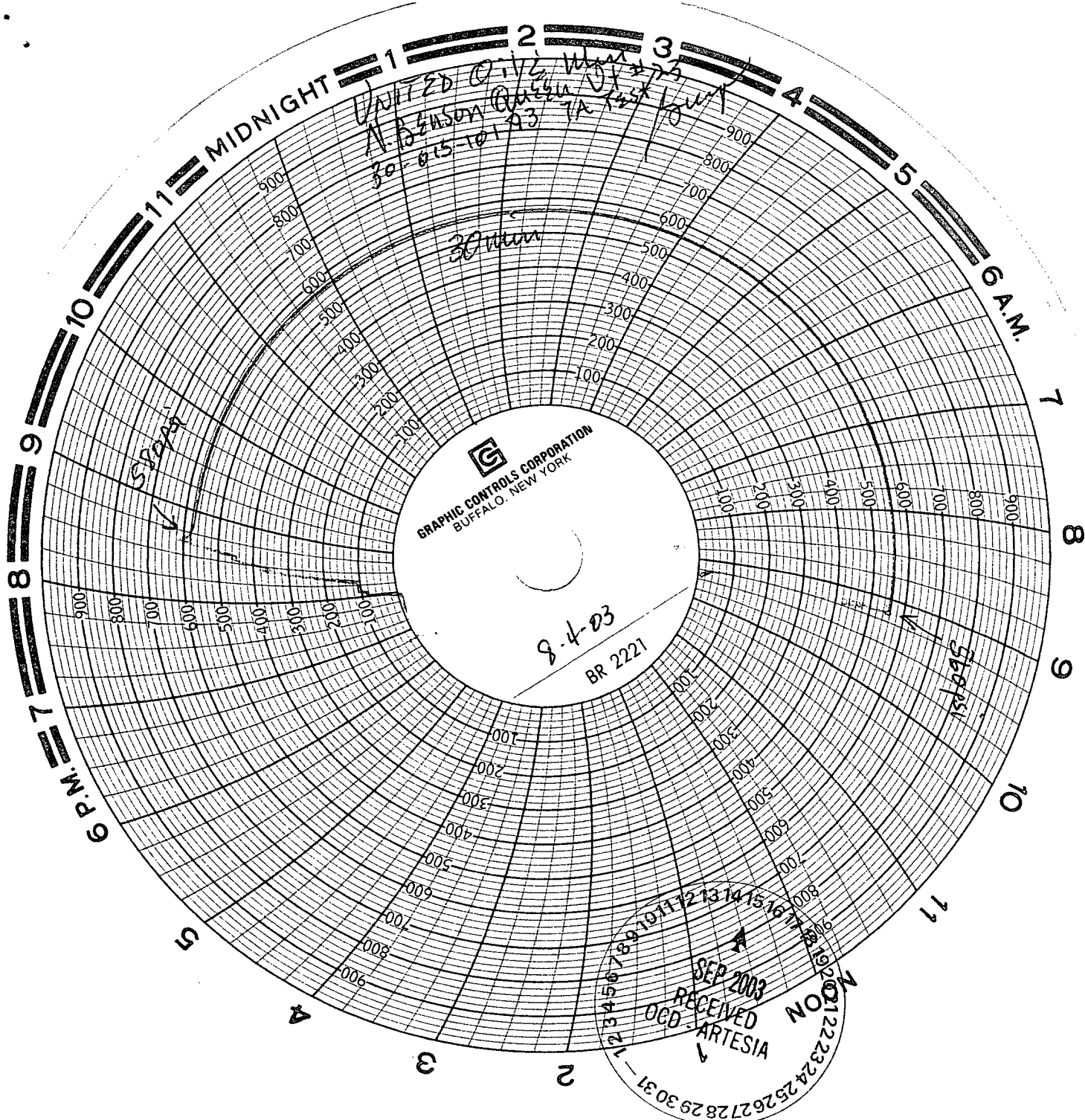
SIGNATURE Mary Curliss Patton TITLE Regulatory Coordinator DATE 9/09/2003

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 SEP 16 2003

Conditions of approval, if any:



SEP 2003  
RECEIVED  
OCD-ARTESIA  
NOON  
11 12 1 2 3 4 5 6 7 8 9 10 11 12  
22 23 24 25 26 27 28 29 30 31