

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

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.****SUBMIT IN TRIPLICATE - Other instructions on reverse side**

## 1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Injection well

RECEIVED

## 2. Name of Operator

United Oil &amp; Minerals, L.P.

NOV 19 2003

## 3a. Address

1001 Westbank Dr., Austin, TX 78746

## 3b. Phone No. (include area code)

(512) 328-8184

## 4. Location of Well (Footage, Sec., T, R., M., or Survey Description)

Unit Letter P: 330' FSL &amp; 330' FEL of Sec. 28, T-18-S, R-30-E

## 5. Lease Serial No.

NM 033775

## 6. If Indian, Allottee or Tribe Name

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

## 8. Well Name and No.

North Benson Queen Unit, Well #23

## 9. API Well No.

30-015-10193

## 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 checked="" 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 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 type="checkbox"/> Plug and Abandon	<input checked="" 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.)

Upon approval of procedure requested by attached Form C-103 from NMOCD, operator proposes to temporarily abandon the subject inactive injection well.

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Mary Curliss Patton

Title Regulatory Coordinator

Signature

*Mary Curliss Patton*

Date 8/19/2003

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

(FORG. SGD) JOE G. LADA

Name  
(Printed/Typed)

Title

Office

CFO

Date

11/14/03

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.

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  
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

Form C-103  
Revised June 10, 2003

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

WELL API NO. <b>30-015-10193</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>E-9262</b>
7. Lease Name or Unit Agreement Name <b>North Benson Queen Unit</b>
8. Well Number <b>23</b>
9. OGRID Number <b>5300</b>
10. Pool name or Wildcat <b>Queen - Grayburg</b>

**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: RECEIVED  
Oil Well ☐ Gas Well ☐ Other ☒ Injection Well  
NOV 19 2003

2. Name of Operator  
**United Oil & Minerals Limited Partnership** **OCD-ARTESIA**

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:		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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

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 \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval, if any: