

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

WELL API NO.

30-015-10131

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

14

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 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 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 **L** : **1980** feet from the **South** line and **660** feet from the **West** line

Section **28**

Township **18S**

Range **30E**

NMPM

Eddy

County

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

3435 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: ☐

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.

Operator moved packer up one joint and returned well to injection service.

For injection to continue the well must be tested as per Rule 704.A.1 This test must be conducted on or before 31 July, 2003. Also the packer seating depth must be reported.

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 Curless Patton

TITLE Regulatory Coordinator

DATE 7/18/2003

Type or print name Mary Curless Patton

E-mail address: mpatton@uominc.com

Telephone No. (512) 328-8184

(This space for State use)

APPROVED BY [Signature]

TITLE Wild Sep P

DATE JUL 22 2003

Conditions of approval, if any: