NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.	- 936 2 2 30 AM * 69	5a. Indicate Type of Lease
LAND OFFICE		State 📕 Fee
OPERATOR		5. State Oil & Gas Lease No.
		E-3902
SUND	RY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PI USE **APPLICA	RY NOTICES AND REPORTS ON WELLS ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1.		7. Unit Agreement Name
OIL GAS WELL	OTHER-	
2. Name of Operator		8. Farm or Lease Name
Union Oil Company o	d California	State A-32
3. Address of Operator		9. Well No.
P.O. Box 671, Midland, Texas 79701		1
4. Location of Well		10. Field and Pool, or Wildcat
1	660 FEET FROM THE SOUTH LINE AND 1980 FEET F	Undesignated
UNIT LETTER,	FEET FROM THE FEET F	MON MON
West	10n 32 TOWNSHIP 10-S RANGE 33-B	
THELINE, SECT	10N TOWNSHIP RANGENN	лем. (
ammannin da	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Unknown	in the second
	Appropriate Box To Indicate Nature of Notice, Report or	Other Data
NOTICE OF	INTENTION TO: SUBSEQUI	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPOPARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER		
17. Describe Proposed or Completed (Operations (Clearly state all pertinent details, and give pertinent dates, included	ding estimated date of starting any proposed
work) SEE RULE 1103.		
Ram and comented 8-	5/8", 24 and 32#, J-55 casing at 3816' with 30	0 ax 50-50 posmix
plus 100 ex incor	nest cenert. NCC 18 hrs., tested sector to 10	00 met for 30 min.
	many demands, who to uses sensed destuff so to	on her rot. 30 strie
Test O.K. Devilled	Account them at 500.00	
rase oer Dallied	commit top at 3760°	
18. I hereby certify that the informatio	n above is true and complete to the best of my knowledge and belief.	
11.101	4	
SIGNED TO Land	TITLE District Drilling Supt.	DATE 12-1-69
SIGNED (//(/ CAMMA /	<u>/</u>	DATE ALTONOMIC

TITLE SUPERVISOR DISTRICT