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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name Milnesand Unit
2. Name of Operator Union Texas Petroleum Corporation	8. Farm or Lease Name
3. Address of Operator 1300 Wilco Building - Midland, Texas 79701	9. Well No. 164
4. Location of Well UNIT LETTER <u>I</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>12</u> TOWNSHIP <u>8-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4255' KB	12. County Roosevelt

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Well Status ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

- (1) Status of Well - Temporarily Abandoned
- (2) Date T.A. Commenced - May 15, 1973
- (3) Future Plans - Field Study being undertaken.
- (4) Date of Future Plans - September 1, 1975

Expires 1-1-76

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

SIGNED D. W. Pukerung TITLE Asst. Dist. Prod. Manager DATE 1-13-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: