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NEW MEXICO OIL CONSERVATION COMMISSION

JUN 26 1 21 PM '69

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.
7. Unit Agreement Name
8. Farm or Lease Name J. E. Cato
9. Well No. 2
10. Field and Pool, or Wildcat Cato (San Andres)
12. County Chaves

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Union Texas Petroleum Corporation 3. Address of Operator 1300 Wilco Building, Midland, Texas 79701 4. Location of Well UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 10 TOWNSHIP 8-S RANGE 30-E N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) 4100 GR

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Perf. P-1 zone w/1 jet hole per ft. 3409-3440'.
Set pkr. @ 3322' & tailpipe @ 3508'.
Pumped 75 bbls. water into formation. Acidized w/7500 gals 15% HCL N.E., flushed w/75 bbls. water. Pumped 7½ bbls. water & 150# unibeads & 500 gal acid. Pumped 5½ bbls. water & 100# unibeads followed by 700 gal 15% HCL N.E., flushed w/75 bbls. water.
Put well on pump.

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

SIGNED <u>Ramsey</u>	TITLE <u>District Drlg. Supt.</u>	DATE <u>6-25-69</u>
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

01