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LAND OFFICE	
OPERATOR	

HOOBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION

JUN 17 1 21 AM '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 Baskett
9. Well No. 1
10. Field and Pool, or Wildcat Cato (San Andres)
12. County Brewster

**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 <input type="checkbox"/>
2. Name of Operator Union Texas Petroleum Corporation
3. Address of Operator 1300 Wilco Building, Midland, Texas
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>11</u> TOWNSHIP <u>8S</u> RANGE <u>30E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4144 GR

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

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input 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"/>	OTHER <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.

Acidize San Andres w/15,000 gals. 15% acid in 2 stages.

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

SIGNED Rumany TITLE District Drlg. Supt. DATE 6-16-69  
APPROVED BY [Signature] TITLE [Signature] DATE [Signature]  
CONDITIONS OF APPROVAL, IF ANY: