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NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION	HOBBS OFFICE G.C.	Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	DEC 9 11 51 AM OD	<u></u>
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee. 🕅
OPERATOR]	5. State Oil & Gas Lease No.
SUNDI	RY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PR USE "APPLICA"	RY NOTICES AND REPORTS ON WELLS toposals to drill or to deepen or plug back to a different reservoir. tion for permit	
1. OIL X GAS WELL WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Union Texas Petrol	eum Corporation	Crosby "17"
3. Address of Operator		9. Well No.
1300 Wilco Bldg.,	Midland, Texas	1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>H</u> . 1	980 FEET FROM THE NORTH LINE AND 660	Cato (San Andres)
	10N 17 TOWNSHIP 8-S RANGE 30-E	ммрм.
	15. Elevation (Show whether DF, RT, GR, etc.) 4129' GL (est)	12. County Chaves
^{16.} Check	Appropriate Box To Indicate Nature of Notice, Repor	rt or Other Data
		EQUENT REPORT OF:
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PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	x
	0THER	
OTHER		
17 Describe Proposed or Completed C	Operations (Clearly state all pertinent details, and give pertinent dates,	including estimated date of starting any proposed
work) SEE RULE 1903.	11-26 66 8 3.3051	'
11/26-66 TD 515'.	Set 8-5/8" OD 28# used casing at 510)' and $cmtd. w/300 sx.$
Coment cir	c. WOC 24 hrs. Tested 8-5/8" casim	ng to 1000# for 30 mins.
Tested OK.		
Tested OK.		
	as the op 0 5th man section at 2505	I and accorded with 500
12-6-66 TD 3600'.	Set $4\frac{1}{2}$ " OD 9.5# new casing at 3595	
sx. Ran T	.S., found top of cmt. outside of 4	Z' CSg. at IO/U'. WUU

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sx. Ra	in T.S., found	d top of	cmt.	outside	oi 4½"	csg. at 18/0'.
24 hrs.	Tested 42"	csg. to	1000#	for 30	mins.	Tested OK.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.									
SIGNED Cherry Starn	TITLE _	Office	Supervisor		DATE 12-8-66				
	<u> </u>			÷.					
APPROVED BY	TITLE			<u> </u>	DATE				

CONDITIONS OF APPROVAL, IF ANY

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