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HUBBS OFFICE C. C. C. Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

JAN 9 7 43 AM '67

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
 State ☐ Fee ☒

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. 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 Bldg., Midland, Texas 4. Location of Well UNIT LETTER <u>E</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>15</u> TOWNSHIP <u>8-S</u> RANGE <u>30-E</u> NMPM.	7. Unit Agreement Name 8. Farm or Lease Name Crosby 9. Well No. 4 10. Field and Pool, or Wildcat Cato (San Andres)
15. Elevation (Show whether DF, RT, GR, etc.) 4099' GL	12. County Chaves

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 ☐

REMEDIAL WORK ☐
 COMMENCE DRILLING OPNS. ☐
 CASING TEST AND CEMENT JOBS ☒
 OTHER ☐

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.

Spudded 4:00 PM 12-18-66

12-18-66 TD 531', set 8-5/8" 28# used casing at 523' & cmtd. w/300 sx.
 Cement circulated. WOC 24 hrs. Tested 8-5/8" casing to 1000#
 for 30 minutes. Tested OK.

12-24-66 TD 3541', set 4 1/2" OD 9.5# new casing at 3541' & cmtd. w/500 sx.
 Top of cmt. outside of 4 1/2" casing at 2480' by T.S. WOC 24 hrs.
 Tested 4 1/2" casing to 1500# for 30 minutes. Tested OK.

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

SIGNED Charles H. Spain TITLE Office Supervisor DATE 1-6-67

APPROVED BY _____ TITLE _____ DATE _____