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

FEB 17 11 55 AM '67

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	
Crosby	
9. Well No.	
5	
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 <input type="checkbox"/>	2. Name of Operator
Union Texas Petroleum Corporation	3. Address of Operator
1300 Wilco Bldg., Midland, Texas	4. Location of Well
UNIT LETTER <u>I</u> 1980 FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM <u>East</u> LINE, SECTION <u>9</u> TOWNSHIP <u>8-S</u> RANGE <u>30-E</u> NMPM.	15. Elevation (Show whether DF, RT, GR, etc.)
4065 DF	16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data:

NOTICE OF INTENTION TO:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

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

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.

Spud 5:30 PM 2-4-67

2-5-67 TD 515' - Set 8-5/8" OD 20# new casing at 504' and cmted. w/300 sx. Cement circulated. WOC 24 hrs. Tested 8-5/8" casing to 1000# for 30 minutes, tested OK.

Reached TD 3500' at 7:00 AM 2-14-67

2-14-67 TD 3550' - Set 4 1/2" OD 9.5# new casing at 3500' and cmted. w/300 sx. Top of cmt. outside of 4 1/2" casing at 2300' by TS. WOC 24 hrs. Tested 4 1/2" casing 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 [Signature] TITLE Office Supervisor DATE 2-16-67

ROVED BY [Signature] TITLE DATE

DITIONS OF APPROVAL, IF ANY: