NO. OF COPIES RECEIVED	·	Form C+103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		
U.S.G.S.		Su. Indicate Type of Lease
LAND OFFICE		State Fee X
OPERATOR		5. State Oil & Gas Lease No.
CLRID	V HOTICEC AND DEDODES ON WELL &	- kimminimini
DO NOT USE THIS FORE FUR HOO USE "APPLICATE	Y NOTICES AND REPORTS ON WELLS POSSES TO CRIEL OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. TON FOR PLANT - " IFORM C-1011 FOR SUCH PROPUSALS.)	
OIL X GAS WELL	OTHER-	7. Unit Agreement Nume
2. Name of Operator UNION TEXAS PETROLEUM CORPORATION		8. Farm or Lease Name Crosby 17
3. Address of Operator		9. Well No.
1300 Wilco Building, Midland, Texas 79701		1 2
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER J	1980 FEET FROM THE South LINE AND 1980 FEET FRO	Cato San Andres
THE East LINE, SECTIO	N 17 TOWNSHIP 8-S RANGE 30-E NMP	
	15. Elevation (Show whether DE RT GR etc.)	12. County
	15. Elevation (Show whether DF, RT, GR, ctc.) 4111 GL	Chaves
16. Charles	Incomiete Pour Te Island New CM : D	
NOTICE OF IN	appropriate Box To Indicate Nature of Notice, Report or O TENTION TO: SUBSEQUEN	ther Data
ריין		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPONARILY AGANDON PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
PACE ON METER CASING		Status X
OTHER		Status
	erations (Clearly state all pertinent details, and give pertinent dates, includin	
17. Describe Proposed or Completed Ope		
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17. Describe Proposed or Completed Ope work) SEE RULE 1703. (1) Status of Well	erations (Clearly state all pertinent details, and give pertinent dates, including	
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17. Describe Proposed or Completed Operators) SEE RULE 1703. (1) Status of Well (2) Date TA Commence	erations (Clearly state all pertinent details, and give pertinent dates, including	
(1) Status of Well (2) Date TA Commence (3) Future Plans ~	erations (Clearly state all pertinent details, and give pertinent dates, includin TA ed - November 6, 1972.	
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CONDITIONS OF APPROVAL, IF ANY: