NO. OF COPIES RE	OF COPIES RECEIVED					Form C-103			
DISTRIBUTI	ISTRIBUTION C.C.					Supersedes Old C-102 and C-103			
SANTA FE									
FILE						Effective 1-1	0.5		
U.S.G.S.		_		-May 15 7	59 IN OI	5a. Indicate Type	e of Lease		
LAND OFFICE						State	Fee X		
OPERATOR			• .			5. State Oil & Go			
OFERATOR							_		
	CLIN	DDV NOTICES	DEDODES	0		mmm	mmmm		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO ARILL OR TO DEFEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORE C-101) FOR SUCH PROPOSALS.)									
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)							7. Unit Agreement Name		
OIL X GAS OTHER-							nt Name		
WELL MELL OTHER- 2. Name of Operator							- NT		
l · · · · · · · · · · · · · · · · · · ·							8. Farm or Lease Name		
Union Texas Petroleum Corporation							Crosby		
3. Address of Operator							9. Well No.		
1300 Wilco Bldg., Midland, Texas							10		
4. Location of Well							10. Field and Pool, or Wildcat		
UNIT LETTER C 1980 West Line and FEET FROM THE West Line and FEET FROM						Cato (San Andres)			
THE	th	CTION9	TOWNSHIP	SS RANGE	30 E				
				RANGE	NMPN	MIIIII			
15, Elevation (Show whether DF, RT, GR, etc.)						12. County	HHHH		
4040GL						Chaves			
16.	Chan	k Appendiate	Par To Indian	- N CN	D O	.1 . D .			
•				e Nature of N	otice, Report or O		•		
	NOTICE OF	INTENTION -	·O:		SUBSEQUEN	T REPORT OF	:		
	<u> </u>				وسخ ا				
PERFORM REMEDIAL	=		PLUG AND ABANDON	REMEDIAL W	ORK	ALTER	RING CASING		
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.						PLUG AND ABANDONMENT			
PULL OR ALTER CAS	ING		CHANGE PLANS	CASING TEST	AND CEMENT JOB X				
				OTHER					
OTHER					•				
17. Describe Propos work) SEE RUL	sed or Completed	Operations (Clea	ly state all pertinent	details, and give	pertinent dates, includin	g estimated date of	starting any proposed		
01.0.4		20 67							
Spud 2:	30 p.m. 4-	29-67							
4-29-67	TD 535' WOC 24	Set 8-5/8" hrs. Teste	OD 20# new o d 8-5/8" casi	casing at 5 ing to 1000	30' and cmtd w/ # for 30 mins.	300 sx. Cmt Tested OKay	circ.		
Reached	TD 3500 1	5-4-67							
	05001								
5-4-67	cmt outsi	de of 4-1/2	OD 9.5# new " casing at 2 30 mins. Tes	2220' by T.	3494' and cmtd S. WOC 24 hrs.	w/300 sx. T Tested 4-1	Cop of 1/2"		
			*						
					•				
•									
							•		
18. I hereby coeffee	that the informat	ion above is tens	and complete to the b	est of my beaut-4	ge and heliof		·		
_o, I horoo, certify	the infinat		complete to the o	cot of my knowled	Pr and nerrer				
/2/			1						
SIGNED	11/2/	PX	TITLE_	Office Su	pervisor	DATE	.2-67		
		-//	· · · · · · · · · · · · · · · · · · ·						

CONDITIONS OF APPROVAL, IF ANY: