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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
<b>K 5473</b>

## 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"/>	7. Unit Agreement Name
2. Name of Operator <b>Union Oil Company of California</b>	8. Farm or Lease Name <b>Huber State</b>
3. Address of Operator <b>P. O. Box 671, Midland, Texas 79701</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>H</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>560</b> FEET FROM THE <b>East</b> LINE, SECTION <b>16</b> TOWNSHIP <b>12-S</b> RANGE <b>38-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Undesignated</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>Unknown</b>	12. County <b>Lee</b>

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 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.

**12-25-68 Cemented 8 5/8" OD 24# and 32# Grade J-55 and K-55 casing at 4520'**  
**with 500 ex. cement. WOC 24 hours and tested to 1500 psi for 30 min.**  
**Held O.K.**

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

SIGNED R.G. Ladd, Jr. TITLE District Drilling Supt. DATE 12-31-68  
APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE JAN 2 1969  
CONDITIONS OF APPROVAL, IF ANY:

