Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-00357

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E-8974

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.)

7. Lease Name or Unit Agreement Name: State "A" 33

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Union Oil Company of California

8. Well No. 1

3. Address of Operator: P. O. Box 671 - Midland, TX 79702 (915)682-9731

9. Pool name or Wildcat: Anderson Ranch Cisco Canyon, N.

4. Well Location
Unit Letter M : 330 Feet From The south Line and 330 Feet From The west Line

Section 33 Township 15-S Range 32-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4306' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[X]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:	[ ]		

12. 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.

Re-establish commercial production.
PROCEDURE:

1. Hot oil well. Run acid compatibility tests.
2. MIRUPU.
3. TOOH w/rods & pump.
4. RIH & tag PBTD. Run & set spot control valve on sd line. Spot scale converter. Let soak 12 hours.
5. Pump 1000 gals of Micellar Solvent 15% HCl acid w/parraffin additives through spot control valve.
6. Pull spot control valve. Swab back & evaluate. Place back on production.

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

SIGNATURE Charlotte Beeson TITLE Drilling Clerk DATE 4-3-91

TYPE OR PRINT NAME Charlotte Beeson TELEPHONE NO. (915)682-9731

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: