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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

AUG 9 1 03 PM '66

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 00-180
7. Unit Agreement Name -
8. Farm or Lease Name Lea "E" State
9. Well No. 1
10. Field and Pool, or Wildcat
12. County Lea

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- Temporarily Abandoned
2. Name of Operator Union Oil Company of California
3. Address of Operator P. O. Box 671 - Midland, Texas 79701
4. Location of Well UNIT LETTER G , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THIS East LINE, SECTION 21 TOWNSHIP 16 South RANGE 34 East N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 4107' S.C.F.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Current Status

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.

This well was temporarily abandoned October 4, 1963. At the present time, there are no plans to attempt recompletion of this well.

THIS INFORMATION MUST BE RE-ENTERED EVERY 6 MONTHS ON FORM C-103 AS TO THE WELL STATUS AND YOUR FUTURE PLANS FOR THIS WELL.

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

SIGNED *J. F. Westerman* TITLE District Office Manager DATE August 8, 1966

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: