

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-05234	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 53517	
7. Lease Name or Unit Agreement Name Lea "G" State	
8. Well No. 5	
9. Pool name or Wildcat Denton Wolfcamp	

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator UMC Petroleum Corporation	
3. Address of Operator 410 17th Street, Suite 1400, Denver, CO 80202	
4. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>15S</u> Range <u>37E</u> NMPM Lea County	
10. Elevation (Show whether DF, RRB, RT, GR, etc.) 3800 GL	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

UMC is requesting to temporarily abandon the subject well. It is currently shut-in due to uneconomical production from the Wolfcamp Zone.

UMC is studying the possibility of up-hole recompletion.

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

SIGNATURE [Signature] TITLE Regulatory Coordinator DATE 5/8/97

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use) ORIGINAL REPORT TO THE DISTRICT

APPROVED BY [Signature] TITLE [Signature] DATE MAY 14 1997

CONDITIONS OF APPROVAL, IF ANY: