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

| WELL API NO. |
| N/A |

5. Indicate Type of Lease
STATE XX   FEE ☐

6. State Oil & Gas Lease No.
E-2504

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

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

State "A"

2. Name of Operator
Ultramar Production Company

8. Well No.
1

3. Address of Operator
16825 Northchase, Ste. 1200 - Houston, Texas 77060

9. Pool name or Wildcat
Denton (Devonian)

4. Well Location

Unit Letter __H__ : __2310__ Feet From The __N__ Line and __990__ Feet From The __East__ Line

Section __2__   Township __15-S__   Range ~~32-E~~ 37 NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3814' D.F.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [XX]	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.

Remove test submersible pump, recover a suspected fish, add perforations, acidize both the old and new perforations, and rerun the test pump.

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

SIGNATURE _____   TITLE Regulatory Assistant   DATE 1-2-91

TYPE OR PRINT NAME   Tanya L. Gordon   713/875-8758   TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: