

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-09865
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator United Operating, LLC		6. State Oil & Gas Lease No. 26808
3. Address of Operator PO Box 51188 Midland, TX 79710		7. Lease Name or Unit Agreement Name: Priest
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>West</u> line Section <u>1</u> Township <u>15S</u> Range <u>37E</u> NMPM County <u>Lea</u>		7. Well No. 4
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3809 DF		8. Pool name or Wildcat Denton (Wolfcamp)

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 ☐ MULTIPLE COMPLETION ☐
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Installed a Conventional Pumping Unit and returned well to productive status 3/1/01.

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

SIGNATURE Mark Burkett TITLE Vice President DATE 3/4/01

Type or print name Mark Burkett

Telephone No. (915) 425-1664

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: