## Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico

Form C-103 Revised 1-1-89

## Energy, Minerals and Natural Resources Department

District Office	<b>5</b> ,		•			NEVIDOU !	1-2-07
DISTRICT	OIL CONSERVATION DIVISION P.O. Box 2088			ON we	L API NO.		
P.O. Box 1980, Hobbs, NM 88240					3C25-27957 B		
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Ariesia, NM 88210				<del></del>	ndicate Type of L		
						STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd., Azie:, NM 87410				6. 5	Nase Oil & Gas Le	iase No.	
				1777	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7777777
SUNDRY NOTI	ICES AND REPORTS O			TO 4			
	RVOIR. USE "APPLICATION I			7. 1	ease Name or Uni	it Agreement Name	;
	-101) FOR SUCH PROPOSAL	.S.)					
1. Type of Well: Ob. VI GAS					Shipp *27*		
WELL X WELL OTHER  2. Name of Operator							
Ultramar Production Com	many			8. V	Vell No. 2		
3. Address of Operator					9. Pool name or Wildcat		
16825 Northchase Dr., S	Ste. 1200 - Houston	, Tex	as 77060		Casey (St	rawn)	
4. Well Location	_						
Unit Lener P: 660	Feet From The Sout	.h	Line and	660	_ Feet From The	e <u>East</u>	Line
Samina 27	16-S	_	37-E	> n m	Lea		C
Section	Township 10-3	Ran whether D	ge	NMPM	- P	77777777	County
3772' GL							
11. Check A	Appropriate Box to Ind	icate N	ature of Notic	ce, Report	or Other D	ata	
NOTICE OF INT	• • •	1		-	<b>UENT REF</b>		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	X	REMEDIAL WOR	RK .		TERING CASING	<u>.                                    </u>
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ULLING OPNS	s. 📙 PLI	UG AND ABANDO	DNMENT L
PULL OR ALTER CASING			CASING TEST A	ND CEMENT	JOB 🗌		
OTUED:			<b></b>				Γ
OTHER:			OTHER:				
12. Describe Proposed or Completed Operati	ons (Ciearly state all pertinent de	esails, and	give persinens dases	s, including est	imased date of star	ning any proposed	
work) SEE RULE 1103.							
Set 5-1/2* CIFB at 11,0							
40 sx on 5-1/2" stub - 65 sx across 8-5/8" sho			uuu tag.				
40 sx at 2000' - salt		19.					
40 sx across 13-3/8" sh							
10 sx surface.							
205x 1146 A	TYOPERASO						
	•				•		
						:	
I hereby certify that the information above is true a	and complete to the best of my brotesh	rdge and hel					
	100-1111	/		. Acciet:	ant.	7-15-9	91
SIGNATURE SIGNATURE	· - 41/1/1 - 61//	TITLE	Regulatory	y Mootole		DATE	
TYPE OR PRINT NAME Tany	ya L. Cantrell - 7	13/874	-0700			TELEPHONE NO.	
(This space for State Use)	TOTAL CHEKEOF					JUL 1	ö 1991
APPROVED BY.		— TILE				DATE	
A. AUTE D.							