

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. 30-025-34279	
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Carlisle State Com	
8. Well No. 1	
9. Pool name or Wildcat Townsend Morrow	

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 ☐ GAS WELL ☒ OTHER

2. Name of Operator
UMC Petroleum Corporation

3. Address of Operator
410 17th Street, Suite 1400, Denver, CO 80202

4. Well Location
Unit Letter K : 1650 Feet From The South Line and 1980 Feet From The West Line

Section 10 Township 16S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL 3998'

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: Follow up report ☒

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.

Please see attachment #1 for full report.

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

SIGNATURE Scott M. Webb TITLE Regulatory Coordinator DATE 4/6/98

TYPE OR PRINT NAME Scott M. Webb TELEPHONE NO. (303) 573-4721

(This space for State Use) ORIGINAL FILED
DISTRICT COOPERATION

APPROVED BY _____ TITLE _____ DATE APR 13 1998

CONDITIONS OF APPROVAL, IF ANY: