

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, 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

WELL API NO. 30-025-25117
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-5303
7. Lease Name or Unit Agreement Name: Union State
8. Well No. 1
9. Pool name or Wildcat La Rica
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,998' GR

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	2. Name of Operator Unit Petroleum Co.
3. Address of Operator P.O. Box 702500, Tulsa, OK	4. Well Location Unit Letter <u>K</u> : <u>1,650</u> feet from the <u>South</u> line and <u>1,650</u> feet from the <u>West</u> line Section <u>3</u> Township <u>19S</u> Range <u>34E</u> NMPM LEA County
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	

NOTICE OF INTENTION TO:

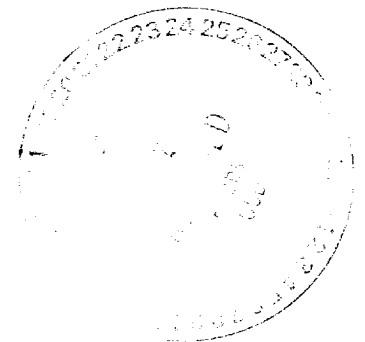
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

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 recompilation.

Unit Petroleum Proposes: to test the annulus for at least 30 minutes to a minimum pressure of 500 psig.



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

SIGNATURE Kelly Ryan TITLE District Engineer DATE 8/12/02

Type or print name Kelly Ryan Telephone No. 908-493-7700
(This space for State use)

APPROVED BY [Signature] TITLE Representative w/ Staff Manager DATE AUG 22 2002
Conditions of approval, if any: