

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. 30-025-25117
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 (Morrow Gas)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 Company	
3. Address of Operator P.O. Box 702500, Tulsa, OK 74170-2500	
4. Well Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>S</u> Line and <u>1650</u> Feet From The <u>W</u> Line Section <u>3</u> Township <u>19S</u> Range <u>34E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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: Restore the well to production ☒

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.

Unit Petroleum is currently attempting to restore the Union State #1 to production. We anticipate this to happen in the next 30 days.

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

SIGNATURE Kelly Ryan TITLE District Engineer DATE 9/5/01
TYPE OR PRINT NAME Kelly Ryan TELEPHONE NO. (918) 493-7700

(This space for State Use)

APPROVED BY Harry W. Wink TITLE _____ DATE 9/11/01
CONDITIONS OF APPROVAL, IF ANY: _____