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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-55

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name Langlie-Jal Unit
2. Name of Operator UNION TEXAS PETROLEUM CORPORATION		8. Farm or Lease Name
3. Address of Operator 1300 Wilco Building, Midland, Texas 79701		9. Well No. 28
4. Location of Well UNIT LETTER <u>0</u> <u>1900</u> FEET FROM THE <u>East</u> LINE AND <u>440</u> FEET FROM THE <u>South</u> LINE, SECTION <u>31</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM.		10. Field and Pool, or Wildcat Langlie-Mattix (Queen)
15. Elevation (Show whether DF, RT, GR, etc.) NA		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

1. Pull tubing and clean well out to TD of 3505'.
2. Log well and perforate if necessary.
3. Run rods & tubing and place well on production.

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

SIGNED [Signature] TITLE Operations Supt. Western Area DATE 2-5-74

APPROVED BY [Signature] TITLE Dist. 1, Supv. DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: