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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

00117 11 33 AM '67

|  |  |
|--|--|
| 5a. Indicate Type of Lease<br>State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> |  |
| 5. State Oil & Gas Lease No.   |  |
| 7. Unit Agreement Name   |  |
| 8. Farm or Lease Name<br>Henry   |  |
| 9. Well No.<br>2   |  |
| 10. Field and Pool, or Wildcat<br>Langlie Mattix   |  |
| 12. County<br>Lea  |  |

**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL OTHER- <u>Temporarily Abandoned</u>   |
| 2. Name of Operator<br><u>Union Texas Petroleum Corp.</u>  |
| 3. Address of Operator<br><u>1300 Wilco Bldg., Midland, Texas 79701</u>  |
| 4. Location of Well<br>UNIT LETTER <u>N</u> <u>330</u> FEET FROM THE <u>south</u> LINE AND <u>1650</u> FEET FROM<br>THE <u>west</u> LINE, SECTION <u>26</u> TOWNSHIP <u>25-S</u> RANGE <u>37-E</u> NMPM. |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><u>3023 DF</u>  |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO:                        |   | SUBSEQUENT REPORT OF:                                |  |
|--|---|--|--|
| PERFORM REMEDIAL WORK <input 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"/>                          |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <u>Semi-Annual TA Report</u> <input checked="" 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.

TA pending possible workover or secondary recovery.

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

|                                 |                               |                      |
|---------------------------------|-------------------------------|----------------------|
| SIGNED <u>J. W. Hansen</u>      | TITLE <u>Production Clerk</u> | DATE <u>10-16-67</u> |
| APPROVED BY _____               | TITLE _____                   | DATE _____           |
| CONDITIONS OF APPROVAL, IF ANY: |                               |                      |