	•			
NO. OF COPIES RECEIVED			Form C-103	
DISTRIBUTION		1 m. C. C.	Supersedes Old	
SANTA FE	NEW MEXICO OIL COM	SEDVATION COMMISSIONICS	C-102 and C-103	
FILE	THE WILLIAMS OF COM	SERYATION COMMISSION 67	Effective 1-1-65	
U.S.G.S.			5a. Indicate Type of 1	
LAND OFFICE			1 — —	
OPERATOR			State	Fee. X
OF ERRY OR			5. State Oil & Gas Le	∍ase No.
SUNDR	Y NOTICES AND REPORTS ON POSALS TO DRILL OR TO DEEPEN OR PLUG I TON FOR PERMIT -" (FORM C-101) FOR SU	WELLS		
USE "APPLICAT	ION FOR PERMIT - " (FORM C-101) FOR SU	CH PROPOSALS.)	_{(((((((((((((((((((((((((((((((((((((
OIL GAS			7. Unit Agreement Na	me
2. Name of Operator	отнея. Temporarily A	Abandoned		
·	8. Farm or Lease Nar	8. Farm or Lease Name		
Union Texas Petroleum Corp.			Henry	
3. Address of Operator			9. Well No.	
1300 Wilco Bldg., Midland, Texas 79701			1	
4. Location of Well			10. Field and Pool, or Wildcat	
UNIT LETTER L 2970 FEET FROM THE NOTTH LINE AND 4620 FEET FROM			Langlie Mattix	

THE EAST LINE, SECTION 26 TOWNSHIP 25-S RANGE 37-E NMPM.				
CINE, SECTION	TOWNSHIP	RANGE NMPM	:VIIIIIII	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County	HHHH
3031 GL			1 - N	
16.			Lea	711111111
Check A	Appropriate Box To Indicate N	lature of Notice, Report or Ot	her Data	
NOTICE OF IN	TENTION TO:	SUBSEQUEN	T REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING C	ASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND A	BANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		
	•	отнек <u>Semi Annual T</u>	A Report	[X]
OTHER				
17. 5				
17. Describe Proposed or Completed Op work) SEE RULE 1103.	erations (Clearly state all pertinent deta	ails, and give pertinent dates, including	g estimated date of starti	ng any proposed
				•
	•		•	
TA pending r	ossible workover or sec	andary reserve		
F F	obblight workeyer or sec	ondary recovery.		
		•		
				•
		• •		
18. I hereby certify that the information	above is true and complete to the best o	f my knowledge and belief.		
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SIGNED 3	moe Dro	duction Clerk	10 1	((3
	TITLE IIIC	Addition office	. DATE 10-16	<u>o−6/</u>
	`			
A B D D O V C D D V				

CONDITIONS OF APPROVAL, IF ANY: