Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-30275

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name: Stuart

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Union Texas Petroleum Corp.

8. Well No. 6

3. Address of Operator: P.O. Box 2120 Houston, TX 77252-2120

9. Pool name or Wildcat: Justis (Blinebry-Tubb-Drinka

4. Well Location

Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West Line

Section 11 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3124 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Commingle Blinebry & Tubb-Drinkard	☒		

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.

This well weas dual completed in Blinebry & Tubb-Drinkard. The Blinebry production string was removed and the 2 3/8 tubing set at 5676', TA set @ 4895' set pump and compeleted commingle operation on 2/20/90. Begin testing well, 3-7-90 tested 31 BO, 41 BW, & 39 MCF. Downhole commingle test percentage will be submitted by letter transmittal.

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

SIGNATURE [signature] TITLE Regulatory Permit Coord. DATE 3-7-90

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE MAR 13 1990

CONDITIONS OF APPROVAL, IF ANY: