

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

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
NM-12036

7. Lease Name or Unit Agreement Name

Two States Stuart

8. Well No.
1

9. Pool name or Wildcat
Justis Blinbry

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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Union Texas Petroleum Corp.

3. Address of Operator

P.O. Box 2120 Houston, TX 77252-2120

4. Well Location

Unit Letter 1 : 990 Feet From The West Line and 2310 Feet From The South Line

Section 11 Township 25-S Range 37-E NMPM Lea County

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

3128 DF

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: ☐

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.

11-10-89 MI 210 BBL. Test tank - hooked up well to flow test.
11-11-89 Repaired leak in 4" load line on test tank - 14 HR. SITP 210#, SICP
110# - flowed well 1.5 HR. to tank & recovered 38 BO - shut well in
because of darkness.
11-12-89 TP 30#, CP 230#
11-13-89 TP 10#, CP 200# - FL @ 2263'
11-14-89 TP 5#, CP 210#

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 2/12/90

TYPE OR PRINT NAME

TELEPHONE NO.

ORIGINAL SIGNED BY JERRY SEXTON
(This space for State Use) DISTRICT I SUPERVISOR

FEB 16 1990

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: