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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Union Texas Petroleum Corporation	8. Farm or Lease Name Two States Stuart
3. Address of Operator 1300 Wilco Building - Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER L 990 FEET FROM THE West LINE AND 2310 FEET FROM THE South LINE, SECTION 11 TOWNSHIP 25-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Justis Blinbry
15. Elevation (Show whether DF, RT, CR, etc.) 3128' DF	12. County Lea

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Well Status
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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) Status of Well - Temporarily Abandoned.
- (2) Date T.A. Commenced - May 1, 1968
- (3) Future Plans - Plug and Abandon.
- (4) Date of Future Plans - November 1, 1975

Expires 1-1-76

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

SIGNED D. H. K. [Signature] TITLE Asst. Dist. Prod. Manager DATE 1-13-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: