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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-55

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name Langlie-Jal Unit	
2. Name of Operator Union Texas Petroleum Corporation		8. Farm or Lease Name	
3. Address of Operator 1300 Wilco Building - Midland, Texas 79701		9. Well No. 70	
4. Location of Well UNIT LETTER M, 660 FEET FROM THE South LINE AND 460 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 25-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Langlie-Mattix (Queen)	
15. Elevation (Show whether DF, RT, GR, etc.) 3185' GR		12. County Lea	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Well Status ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 - Upon Completion February 5, 1974
- (3) Future Plans - Field Study now being undertaken
- (4) Date of Future Plans - September 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. Pickering TITLE Asst. Dist. Prod. Manager DATE 1-13-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: