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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUMMARY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR WELLS IN THE SAME RESERVOIR AS A PREVIOUSLY REPORTED WELL IN THE SAME RESERVOIR.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. Name of Operator
UNION TEXAS PETROLEUM CORPORATION

2. Address of Operator
1300 Wilco Building, Midland, Texas 79701

3. Location of Well
UNIT LETTER **E** **1980** FEET FROM THE **North** LINE AND **430** FEET FROM
THE **West** LINE, SECTION **8** TOWNSHIP **25-S** RANGE **37-E** RANGE.

4. Elevation (Show whether D.F., R.T., OR, etc.)
3151.2' GL

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

6. Unit Approval Name
Langlie-Jal Unit

7. Field and Pool, or Wildcat
Langlie-Mattix (Queen)

8. Well No.
80

9. Field and Pool, or Wildcat
Langlie-Mattix (Queen)

10. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
DIRECT REPAIR WORK ☐ TEMPORARILY ABANDON ☐ FULL OR ALTER CASING ☐ OTHER ☐	PLUS AND ABANDON ☐ CHANGE PLANS ☐ OTHER ☐	REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOBS ☐ OTHER ☒ Casing Leak Survey	ALTERING CASING ☐ PLUG AND ABANDONMENT ☐

7. 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.

The cellar was dug out on this well, showing a satisfactory connection below ground level.

Risers are installed and the subject well was inspected August 1, 1977, by Mr. Melvin Crossland of the Oil Conservation Commission.

Since risers are installed and below ground level connection have been inspected, we respectfully request an Exception to the provision of digging out the cellar during annual inspections.

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

APPROVED BY *[Signature]* TITLE **Sr. Prod. Analyst** DATE **8-3-77**

APPROVED BY *[Signature]* TITLE _____ DATE _____

COPIES OF APPROVAL, IF ANY: