

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

| | |
|--|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | 5. LEASE DESIGNATION AND SERIAL NO. NM-014023 |
| 2. NAME OF OPERATOR Union Texas Petroleum | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A |
| 3. ADDRESS OF OPERATOR 375 U.S. Highway 64, Farmington, New Mexico 87401 | 7. UNIT AGREEMENT NAME N/A |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1770' FSL & 1660' FWL | 8. FARM OR LEASE NAME F-27-24-7 |
| 14. PERMIT NO. | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, or SL) 6897' GL, 6910' KB | 10. FIELD AND POOL, OR WILDCAT Escrito Gallup |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 27-T24N-R7W |
| | 12. COUNTY OR PARISH Rio Arriba |
| | 13. STATE NM |

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FARMINGTON RESOURCE AREA

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) Repair Road | |
| (Other): | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Union Texas Petroleum wishes to advise that the access road to this location has been repaired pursuant to our Sundry Notice of 12/17/86.

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MAY 14 1987
OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

MAY 13 1987

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
BY *[Signature]*

18. I hereby certify that the foregoing is true and correct

| | | |
|--|--------------------------|-----------------|
| SIGNED <i>Robert C. Frank</i> | TITLE Permit Coordinator | DATE 05/11/1987 |
| (This space for Federal or State office use) | | |
| APPROVED BY | TITLE | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | | |

*See Instructions on Reverse Side