

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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	5. LEASE DESIGNATION AND SERIAL NO. Contract No. 150
2. NAME OF OPERATOR Union Texas Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P. O. Box 1290, Farmington, New Mexico 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1825' FNL; 1795' FEL	8. FARM OR LEASE NAME Jicarilla G
	9. WELL NO. 7
	10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 11, T26N-R5W NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7333' RKB
	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

We desire to perforate and fracture stimulate additional Mesaverde interval from 5996' to 6346'. This well is currently completed in the Mesaverde from 5640' to 5770'.

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

SIGNED

W. K. Cooper

TITLE

Dist. Engineering Manager

DATE

October 1, 1984

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCCL

\*See Instructions on Reverse Side

APPROVED

DATE

OCT 03 1984

M. MILLENBACH  
AREA MANAGER