

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078430
2. NAME OF OPERATOR Union Texas Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4001 Bloomfield Highway, Box 11, Farmington, NM 87401		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 899' FSL; 990' FEL		8. FARM OR LEASE NAME Newsom B
14. PERMIT NO.		9. WELL NO. 11E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6297' GR		10. FIELD AND POOL, OR WILDCAT Basin DK/Wildcat GAL
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 5, T26N-R8W NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Downhole Commingle	

(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.) *

Downhole commingle; Administrative Order No. DHC - 558.

- 8/8/85: 1. Moved in and rigged up service unit.
2. Pulled and lay down rods.
3. Killed well with 2% KCl water.
4. Pulled Gallup tubing. Released Model "R" packer and pulled Dakota tubing.
5. RIH with 2-3/8", 4.7#, 8rd, EUE tubing with bull plug, perferd joint and standard S.N. and land at 6006' (S. N. at 6571').
6. Changed out tubing head.
7. Swabbed well in and released rig 8:30 AM, 8/10/85.

RECEIVED
AUG 20 1985
OIL CON. DIV.
DIST. 3

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

SIGNED S. G. Katirgis TITLE Petroleum Engineer

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD
AUG 18 1985
FARMINGTON RESOURCE AREA
BY Sm

*See Instructions on Reverse Side