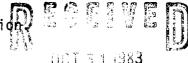
UNITED STATES

UNITED STATES /	5. LEASE	
DEPARTMENT OF THE INTERIOR	SF_047017_B	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME	
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME	
1. oil gas 🔽	_Angel Peak "B"	
well well other	9. WELL NO.	
2. NAME OF OPERATOR	14	
Union Texas Petroleum Corporation	10. FIELD OR WILDCAT NAME Fulcher Kutz Pictured Cliffs	
3. ADDRESS OF OPERATOR		
P.O. Box 1290, Farmington, New Mexico 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Section 13, T28N-R11W	
below.) AT SURFACE: 1650' FNL; 1650' FEL	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: Same as above	San Juan New Mexico	
AT TOTAL DEPTH: Same as above	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5804	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF		
FRACTURE TREAT		
SHOOT OR ACIDIZE REPAIR WELL REPAIR WELL REPAIR WELL REPAIR WELL	(NOTE-Report results of multiple completion or zone	
PULL OR ALTER CASING	change on Form 9–330.)	
MULTIPLE COMPLETE 0CT2	4 1983	
CHANGE ZONES U BUREAU OF LAND	D MANAGEMENT	
(other) FARMINGTON RE	ESOURCE AREA	
The control of the co	e all pertinent details and give pertinent dates	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined	illectionally dilled, give substitute locations and	
1. MIRUSU. Pull tubing and clean out to TD.		
2. If necessary, run and cement 3-1/2" casir P.C. interval.	ng from TD to surface and perforate	

Fracture P.C. interval. 3.

Land production tubing and resume production 4.



UCT 31 1983

Subsurface Safety Valve: Manu. and Type	Di51	51. 3 Set @	
18. I hereby certify that the foregoing is true and correct SIGNED W. K. COOPER TITLE	Manager (October 20,	1983
(This space for Federal or State office	use)		

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

1

DATE .

*See Instructions on Reverse Side

NMOCC

_ TITLE

Recigham