

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

5. LEASE DESIGNATION AND SERIAL NO.

SF 078487

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Prichard Federal

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Basin (Frt Coal)

11. SEC., T., R., M., OR NEK. AND
SURVEY OR AREA

6-29N-8W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR
UNION TEXAS PETROLEUM CORP

P. O. Box 2120, Houston, Texas 77252

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1180 FNL & 1570 FEL

14. PERMIT NO.

30-045-27370

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

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 PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

APD EXTENSION

(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 plan to spud this well around 6-15-90 and request an extension to the current permit which expires 5/31/90

RECEIVED

JUL 23 1990

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES NOV 30 1990

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

SIGNED

Sam White

TITLE REG PERMIT COORD

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMCCD

*See Instructions on Reverse Side

APPROVED

DATE 5-29-90

JUL 17 1990

Ray Hill
AREA MANAGER
BARTON RESERV