

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-020982 |
| 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 305' FSL & 1572' FEL | 8. FARM OR LEASE NAME MANGUM |
| | 9. WELL NO. 9 |
| | 10. FIELD AND POOL, OR WILDCAT Aztec Fruitland |
| | 11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Section 28-T29N-R11W |
| 14. PERMIT NO. | 12. COUNTY OR PARISH San Juan |
| 15. ELEVATIONS (Show whether BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA) | 13. STATE NM |

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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 type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | (Other) <input type="checkbox"/> |
| (Other) Extend A.P.D. | | (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 desires to extend the A.P.D., which expires 4/6/87, for a period of six months past the expiration date. The anticipated spud date is 3/20/87; however, we desire to have a longer drilling window in case of a possible delay in partner approval.

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CON. DIV.
DIST. 2

This Approval ~~is Temporary~~
~~Abandonment~~ Expires October 7, 1987

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

| | | |
|--|---------------------------------|--|
| SIGNED <u>Robert L. Frank</u> | TITLE <u>Permit Coordinator</u> | APPROVED <u>DATE 02/23/87</u> AS AMENDED |
| (This space for Federal or State office use) | | |
| APPROVED BY <u>or</u> | TITLE _____ | DATE <u>FEB 25 1987</u> <u>John Shelton</u> AREA MANAGER |
| CONDITIONS OF APPROVAL, IF ANY: | | |

*See Instructions on Reverse Side