

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. SF-077865
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 1190' FNL & 1015' FWL	8. FARM OR LEASE NAME ALBRIGHT
14. PERMIT NO.	9. WELL NO. 18A
	10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 22-T29N-R10W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5618' GL, 5630' KB	12. COUNTY OR PARISH San Juan
	13. STATE NM

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

NOTICE OF INTENTION TO:

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"/>	

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/> Inter. & production csg	

(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.)\*

Drill 8-3/4" hole to 2400' KB. Run 7", 23.00#, K-55, ST&C casing to 2400' KB. Cement into surface pipe with 210 sxs (603 cu.ft.) 65/35 POZ containing 12% gel and 12-1/4# gilsonite/sk, tailed by 100 sxs (118 cu.ft.) C1 "B" w/2% CaCl2. Circulate 16 of 20 bbls preflush to surface. W.O.C. Pressure test casing and BOP to 2000 psi. Held OK. Drill 6-1/4" hole out of casing with gas to 4710' KB. Run 4-1/2", 10.50#, K-55, ST&C liner from 2218' to 4710' KB. Cement inside intermediate casing with 275 sxs (432 cu.ft.) 50/50 POZ containing 4% gel, 6-1/4# gilsonite/sk and 10# salt/sk. Circulate out 5 bbls (28 cu.ft.) cement.

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OIL CON. DIV.  
DIST. 3

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

SIGNED

*R. L. C. Frank*

TITLE Permit Coordinator

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

OCT 09 1986

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY

*Smm*

\*See Instructions on Reverse Side  
NMOCC