

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 1850' FSL & 1850' FWL | 8. FARM OR LEASE NAME ALBRIGHT |
| | 9. WELL NO. 7A |
| | 10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 22-T29N-R10W |
| 14. PERMIT NO. | 12. COUNTY OR PARISH San Juan |
| 15. ELEVATIONS (Show whether DT, RT, OR, etc.) 5605 GL | 13. STATE NM |

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DEC 29 1986

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"/> | | <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) Spud and surface casing | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |

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 wishes to advise that the subject well was spud at 4:15 P.M. 12/03/86. A 12-1/4" hole was drilled to 349' KB. 9-5/8", 40#, K-55 ST&C casing was run to 348' KB and cemented to surface with 225 sxs (266 cu.ft.) Class "B" containing 2% CaCl₂ and 1/4# flocele/sk. Circulate 10 bbls (56 cu.ft.) cement to pit. Nipple up BOP and test to 600 psi. Test casing to 600 psi. All held OK. Drill 8-1/2" hole out of surface.

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OIL CON. DIV.
DIST. 3

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

SIGNED Robert C. Jones

TITLE Permit Coordinator

DATE 12/17/1986

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

DEC 20 1986

*See Instructions on Reverse Side
NMOC

FARMINGTON RESOURCE AREA

BY 644