

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL NO.

SF-078439

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  GAS WELL  OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR  
Union Texas Petroleum

8. FARM OR LEASE NAME  
Johnston Federal

3. ADDRESS OF OPERATOR  
375 U.S. Highway 64, Farmington, New Mexico 87401

9. WELL NO.  
11J

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
1823' FNL & 855' FWL

10. FIELD AND POOL, OR WILDCAT  
Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 7, T31N, R9W, NMPW

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, ST, OR, etc.)  
6552' GR BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

12. COUNTY OR PARISH 13. STATE  
San Juan NM

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 PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING   
(Other) Cement Bond Log  
REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*   
(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.)\*

As requested, please find attached a copy of the Temperature Survey for the Johnston Federal # 11J showing an approximate top cement at 2700'.

RECORDED  
OIL & GAS DIV.  
DIST. 3

I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Regulatory Technician DATE 12/13/85

(This space for Federal or State office use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side  
NMOCC