

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Union Texas Petroleum

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

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

1850' FNL & 1850' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, ST, GR, etc.)

6467' G.L.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078511

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

QUINN

9. WELL NO.

1A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde

11. SEC., T., R., M., OR S.W. AND
SUBSET OF AREA

Section 20-T31N-R8W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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) Extend APD

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)*

Union Texas Petroleum desires to extend the approval period for six months past the current expiration date of November 17, 1987.

RECEIVED
NOV 12 1987
OIL CON
DIST.

THIS APPROVAL EXPIRES May 17 1988

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

SIGNED

Robert C. Smith

TITLE

Permit Coordinator

DATE

09/11/1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AREA MANAGER

*See Instructions on Reverse Side

NMOCO