

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

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. WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. SF-078506
2. NAME OF OPERATOR Union Texas Petroleum Corporation-Attn: Paula Priest	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR P.O. Box 2120, Houston, Texas 77252-2120	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 1140' FNL & 1850' FEL	8. FARM OR LEASE NAME Hunsaker
14. PERMIT NO.	9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6399 (graded)	10. FIELD AND POOL, OR WILDCAT Sedro Canyon Fruitland
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T31N-R9W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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"/>	Amend TD <input checked="" 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 type="checkbox"/>	

(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.)\*

We plan to amend TD to 3450', previously permitted to 3350'.

RECEIVED  
OLM TAIL ROOM  
89 MAR -3 PM 1:10  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

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

SIGNED Paula Trust

TITLE Regulatory Analyst

DATE 02/27/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE MAR 08 1989

\*See Instructions on Reverse Side

BY [Signature]

FARMINGTON RESOURCE AREA