

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE
(Other instructions
verse side)

DATE
OR RE-

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—" (or such proposal.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078439
2. NAME OF OPERATOR Union Texas Petroleum Corp. Attn: Ken White		6. IF INDIAN, ALLOTTEE OR TRUST NAME
3. ADDRESS OF OPERATOR P.O. Box 2120 Houston, TX 77252-2120		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1550 FSL & 1210 FWL		8. FARM OR LEASE NAME Johnston Federal
14. PERMIT NO.		9. WELL NO. 29
15. ELEVATIONS (Show whether of. ht. or. etc.) 6647		10. FIELD AND FOOT, OR WILDCAT Basin Fruitland Coal
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC. T. R. N., OR SURV. AND SURVEY OR AREA 7-31N-9W
		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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRED WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERED CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" 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 machines and zones pertinent to this work.)

AMEND TOTAL DEPTH FROM 3485' to 3600'

RECEIVED
AUG 06 1990
OIL CON. DIV
DIST. 3

18. I hereby certify that the foregoing is true and correct		APPROVED BY DATE 7-16-90
SIGNED <i>Ken White</i>	TITLE Reg. Permit Coord.	
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side