

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	5. LEASE DESIGNATION AND SERIAL NO. SF 080517
2. NAME OF OPERATOR Union Texas Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1290, Farmington, NM 87499	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 1667' FSL; 805' FEL	8. FARM OR LEASE NAME Payne
14. PERMIT NO.	9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6334' RKB	10. FIELD AND POOL, OR WILDCAT Cedar Hill-Fruitland Basal Coal
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T32N-R10W, NMPM
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

16. 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"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING 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 type="checkbox"/>	(Other) Change of Field <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.)*

The Payne #6 field designation is being changed from Mt. Nebo Fruitland to Cedar Hill-Fruitland Basal Coal to comply with NMOCD Order No. R-7588 effective February 1, 1984 establishing pool rules for the Cedar Hill-Fruitland Basal Coal. The Payne #6 is a non-standard location granted an exception in paragraph (4) of Order No. R-7588.

RECEIVED
NOV 26 1984
OIL CON. DIV.
DIST. 3

RECEIVED
OCT 17 1984
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

SIGNED <u>Charles W. Sponberg</u> (This space for Federal or State office use)	TITLE <u>Petroleum Engineer</u>	DATE <u>October 15, 1984</u>
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	TITLE _____	DATE <u>OCT 22 1984</u>

ACCEPTED FOR RECORD

*See Instructions on Reverse Side
NMOCC

FARMINGTON RESOURCE AREA
BY [Signature]

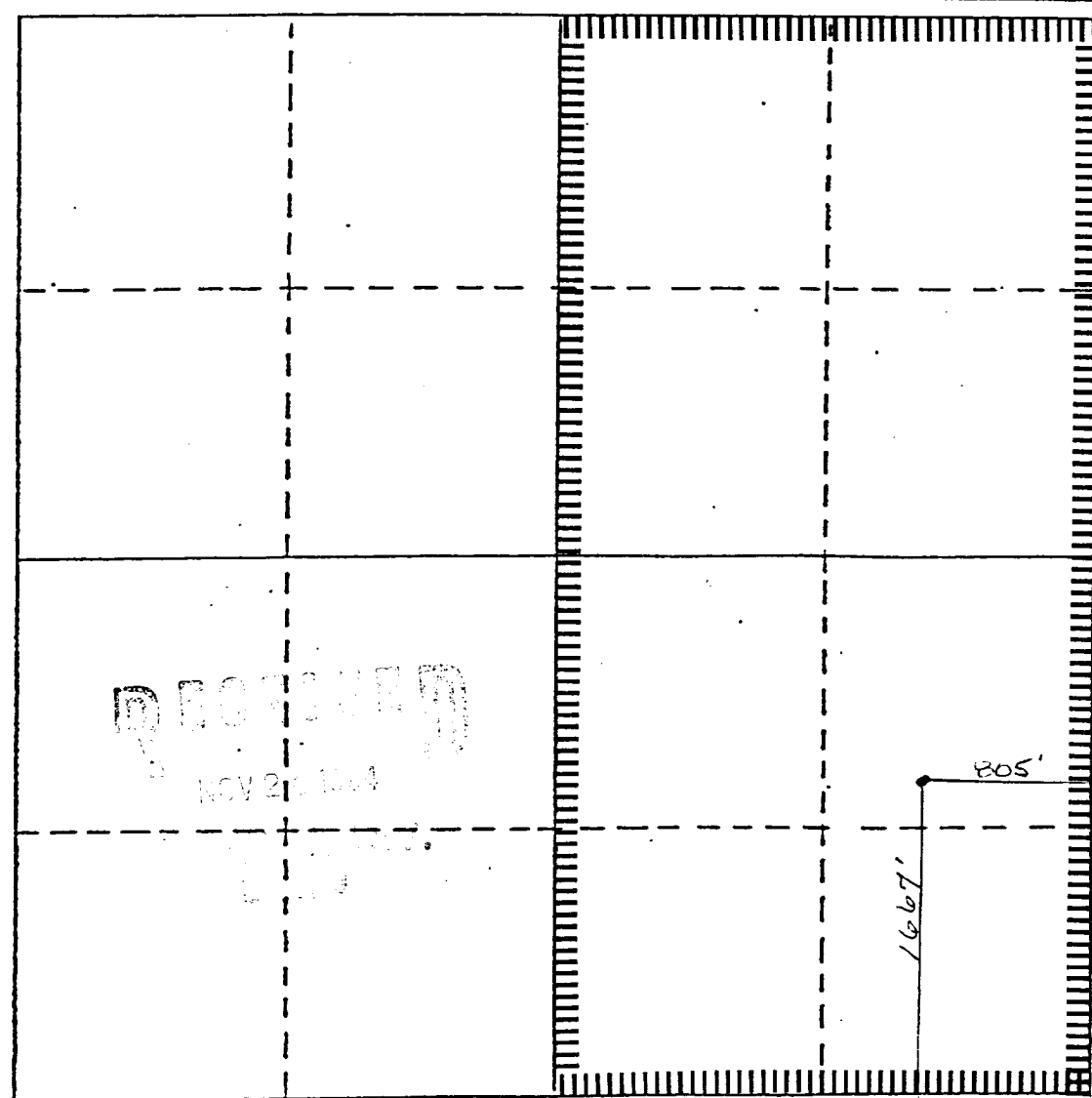
All distances must be from the outer boundaries of the Section.

Operator Union Texas Petroleum Corporation			Lease Payne		Well No. 6
Unit Letter I	Section 20	Township 32 North	Range 10 West	County San Juan	
Actual Footage Location of Well: 1667 feet from the South line and 805 feet from the East line					
Ground Level Elev. 6382	Producing Formation Cedar Hill-Frtl. Basal Coal		Pool Cedar Hill-Frtl. Basal Coal	Dedicated Acreage: E/2 320.00 3/4 1/2 Acre	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?
☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division _____



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

W K Cooper
Name

William K. Cooper

Position

District Engineering Manager

Company

Union Texas Petroleum Corp.

Date

October 15, 1984

I hereby certify that the well location shown on this plat was plotted from field notes of actual survey made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Certificate No.