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5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
L-5120

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Union Oil Company of California	8. Farm or Lease Name Tom "36" State
3. Address of Operator P. O. Box 671 - Midland, Texas 79702	9. Well No. 4
4. Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>south</u> LINE AND <u>1980</u> FEET FROM THE <u>east</u> LINE, SECTION <u>36</u> TOWNSHIP <u>7-S</u> RANGE <u>31-E</u> NMPM.	10. Field and Pool, or Wildcat Tomahawk (San Andres)
15. Elevation (Show whether DF, RT, GR, etc.) 4393' GR	12. County Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3-14-85 R&C 104 jts + 1 pc (4381') 5 1/2" 15.5# K-55 8rd ST&C NS Algoma csg @ 4395' w/400 sxs Class "C" 50:50 Pozmix w/8# salt, .3% CFR-2 and 1/4# Flocele @ 14.2 ppg. Disp and bump plug @ 4361' w/104 BFW to 1250 psi. Float held. CIP & JC @ 10:15 P.M. 3-14-85. ND BOP. Cut off. NU wellhead. TOC-3372' (Calc). Rel rig @ 3:00 A.M. 3-15-85.

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

SIGNED J. R. Hughes TITLE Dist. Drlg. Supt. DATE 3-18-85

APPROVED BY ENGINEER SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 19 1985