

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE COPY
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Milnesand Unit LC062178

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 CORPORATION

3. ADDRESS OF OPERATOR
1300 Wilco Building, Midland, Texas 79701

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

7. UNIT AGREEMENT NAME
Milnesand Unit

8. FARM OR LEASE NAME
~~Federal "A"~~

9. WELL NO.
43

10. FIELD AND POOL, OR WILDCAT
Milnesand (San Andres)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14, T-8-S, R-34-E

Unit Letter "P", 660' FSL & 660' FEL

14. PERMIT NO.
R-3770

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
4259' GL

12. COUNTY OR PARISH
Roosevelt

13. STATE
New Mexico

16. 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) Convert To Injection Well <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.)*

1. Pull 2 3/8" tubing, inspect and plastic coat internally.
2. Run plastic coated tubing w/Injection Packer set @ approximately 4500'.
3. Treat injection zone w/approximately 1000 Gal. clean sweep.
4. Place on water injection.

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

SIGNED *R. Romany*

TITLE District Oper. Supt. Eastern DATE July 19, 1971

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

APPROVED
JUL 22 1971
Arthur R. Brown
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse

RESERVED

JUL 29 1971

OIL CONSERVATION BOARD
WASH., D. C.