

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructio.  
verse side)

DATE

Form approved. 200-000-000-50  
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 <input type="checkbox"/>                                                                       | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>NM-32591</b>                            |
| 2. NAME OF OPERATOR<br><b>Union Oil Company of California</b>                                                                                                                          | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                              |
| 3. ADDRESS OF OPERATOR<br><b>P.O. Box 671 - Midland Texas 79702</b>                                                                                                                    | 7. UNIT AGREEMENT NAME<br><b>North Maduro Federal Unit</b>                        |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><b>1800' FSL &amp; 2060' FWL of Sec. 20</b> | 8. FARM OR LEASE NAME                                                             |
| 14. PERMIT NO.                                                                                                                                                                         | 9. WELL NO.<br><b>2</b>                                                           |
| 15. ELEVATIONS (Show whether DF, ST, GR, etc.)<br><b>3606' GR</b>                                                                                                                      | 10. FIELD AND POOL, OR WILDCAT<br><b>Gem Morrow Gas</b>                           |
|                                                                                                                                                                                        | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>Sec. 20 T-19 S, R-33-E</b> |
|                                                                                                                                                                                        | 12. COUNTY OR PARISH<br><b>Lea</b>                                                |
|                                                                                                                                                                                        | 13. STATE<br><b>New Mexico</b>                                                    |

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) <b>Spud date / Run cement surf. csq.</b>                                                      |                                          |
| (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.) \*

9-23 505' TOH. 505'/10-1/2. SURF ROCK & RED BED. MUD: 9.3, 36. MI RU WILLBROS DRLG. RIG #14. SPUD 17-1/2" SURF HOLE @ 7:00 PM 9-23-89. DRLD SAME TO 505' TD @ 5:30 AM 9-24-89. CIRC 1/4 HR. TOH, INCOMP.

9-24 505' TD, TEST BOP'S. 1/4" @ 505'. POH W/DC'S. R&C 11 JTS + 1 PC (477') 13-3/8" 48# H-40 BRD ST&C NEW ERW CSG @ 505' W/500 SXS "C" + 2% CACL2, 1/4# CELLOFLAKE @ 14.8 PPG. DISP PLUG W/74-1/2 BFW @ 7 BPM & 250# TO 474'. SI CSG. JC & CIP @ 10:30 AM 9-24-89. CIRC 176 SXS. WOC 8 HRS. CUT OFF CSG. WELD ON 13-3/8" CSG HD. NU BOP'S.

9-25 1379' DRLG. 874'/16-1/2. RED BED. 3/4" @ 980'. MUD: 9.8, 28. FINISH NU BOP'S. TSTD 13-3/8" CSG, BLIND RAMS & CK MANIFOLD TO 750 PSI, OK. TIH W/DRLG ASSY TO TOC @ 455'. TSTD PIPE RAMS & HYDRIL TO 750 PSI, OK. DRLD CMT & FLOAT EQUIP. DRLG NEW FORM @ 1:30 PM 9-25-89 AFTER 24 HRS WOC.

RECEIVED  
OCT 2 9 15 AM '89

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

SIGNED Bobby Bryan TITLE Drlg. Supt. DATE 9-27-89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGL.) DAVID R. GLASS TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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

\*See Instructions on Reverse Side