

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 <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-079609
2. NAME OF OPERATOR Union Texas Petroleum	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 375 U.S. Highway 64, Farmington, New Mexico 87401	7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1120' FSL & 1737' FWL	8. FARM OR LEASE NAME McCRODENA
14. PERMIT NO.	9. WELL NO. 8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7150' G.L., 7162' K.B.	10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 9-T25N-R3W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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) <input 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 checked="" type="checkbox"/> Int. csg & prod liner	

(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. Drill 8-3/8" hole to 3980'.
2. Log well.
3. Run 7", 32# & 35# from 0-3973' KB.
4. Cement with 250 sxs 65/35 POZ containing 12% gel and 12-1/4# gilsonite, tailed by 100 sxs Class "B" w/2% CaCl2. Had partial returns after one-half of displacement gone. Calculated cement top at 985'.
5. Nipple up BOP. Test BOP and casing to 2000 psi - held OK.
6. Drill 5-7/8" hole with gas to 6150'.
7. Log well.
8. Run 4-1/2", 10.5#/16.90#, K-55/C-75 liner from 3732' to 6147'.
9. Cement with 350 sxs 50/50 POZ containing 4% gel, 6-1/4# gilsonite and 10# salt. Lost complete returns with 305 sxs of 350 sxs cement pumped. Cement top to be determined by bond log during completion.
10. Rig down and move off.

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

SIGNED Robert C. Frank TITLE Permit Coordinator

DATE 10/21/86

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

OCT 21 1986

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA