

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. Jicarilla Contract 10
2. NAME OF OPERATOR Union Texas Petroleum	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
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 1642' FNL & 1650' FEL	8. FARM OR LEASE NAME JICARILLA L
	9. WELL NO. 11
	10. FIELD AND POOL, OR WILDCAT Basin Dakota/Otero Chacra
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 3-T24N-R5W
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DF, ST, OR SEA.) 6712' GL, 6727' KB	13. STATE NM

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) Spud & surface casing <input checked="" 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.) *

Union Texas Petroleum wishes to advise that the subject well was spud at 10:00 PM, 10/25/1986. A 12-1/4" hole was drilled to 338' KB. 8-5/8", 24.0#, K-55 ST&C casing was set at 319' KB and cemented to surface with 225 sxs (266 cu.ft.) Class "B" containing 2% CaCl₂. Circulated 14 bbls (78 cu.ft.) to reserve pit. Nipple up BOP. Test BOP and casing to 600 psi. All held OK. Drill 7-7/8" hole out of surface.

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

SIGNED

Robert C. Frank

TITLE

Permit Coordinator

DATE 10/29/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 03 1986

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY *ES*