

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 ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Union Texas Petroleum

3. ADDRESS OF OPERATOR
375 U.S. Highway 64, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
990' FNL & 1650' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
6950 KB

5. LEASE DESIGNATION AND SERIAL NO.
NM-45209

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
F-18-24-9

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Bisti Lower Gallup Ext.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 18-T24N-R9W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

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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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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 holes in casing at 2336' were squeezed with 100 sx (118 cu.ft.) C1 "B" with 2% CaCl₂. Squeeze did not hold. Resqueeze with 100 sx (118 cu.ft.) C1 "B" with 3% CaCl₂ and 0.75% CFR-2. Pressure test squeeze to 1000 psi. Held OK. Clean out. Run 2-3/8", 4.6# tubing at 5505' with seating nipple at 5435'. Run rods and pump. Resume production.

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OIL CON. DIV.
DIST. 3

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

SIGNED Robert C. Frank TITLE Permit Coordinator DATE 04/09/1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

APR 17 1987

NMOCC
*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY smn