

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 different reservoirs.  
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	FEB 17 1987	5. LEASE DESIGNATION AND SERIAL NO.	Jicarilla Contract 150
2. NAME OF OPERATOR		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	Jicarilla Apache
3. ADDRESS OF OPERATOR	BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	7. UNIT AGREEMENT NAME	N/A
375 U.S. Highway 64, Farmington, New Mexico 87401		8. FARM OR LEASE NAME	JICARILLA G
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		9. WELL NO.	1A
960' FNL & 995' FWL		10. FIELD AND POOL, OR WILDCAT	Blanco Mesaverde
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA	Section 1-T26N-R5W
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, ST, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	7182 GL, 7196 KB	Rio Arriba	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 COMPLETION <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) Int. casing & prod. liner <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 a 8-1/2" hole was drilled to 4282' KB. Run 7", 23#, K-55 casing to 4269' KB, cementing with 245 sxs (703 cu.ft.) 65/35 POZ containing 12% gel and 12-1/4# gilsonite/sk, tailed by 100 sxs (118 cu.ft.) C1 "B" with 2% CaCl2. Lost circulation. Top of cement at 3000' KB by temperature survey dated 12/9/86. Drill 6-1/4" hole to 6450' KB. Run 4-1/2", 10.5#, K-55 production liner from 4004'-6450' KB, cementing into intermediate casing with 420 sxs (659 cu.ft.) 50/50 POZ containing 4% gel, 6-1/4# gilsonite/sk and 10# salt/sk. Circulate 22 bbls of 35 bbls of mud flush off of liner hanger.

OK  
FEB 20 1987  
FEB 20 1987

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

SIGNED <u>Robert G. Frank</u>	TITLE <u>Permit Coordinator</u>	DATE <u>02/12/1987</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD

FEB 18 1987

\*See Instructions on Reverse Side

NMOC

FARMINGTON RESOURCE AREA

BY 6213