

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 107
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 1985' FSL & 1110' FWL		8. FARM OR LEASE NAME JICARILLA F
14. PERMIT NO.		9. WELL NO. 5A
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6811' G.L.		10. FIELD AND POOL, OR WILDCAT Blanco Mesavide West Lindrith Gal-DK
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 33-T26N-R4W
		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:		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) <u>Int. csg & prod. liner</u> <input checked="" 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.) *

1. Drill 8-3/4" hole to 3640'.
2. Run 7", 23#, K-55 intermediate casing to 3640'.
3. Cement with 270 sx (775 cu.ft.) 65/35 POZ with 12% gel and 12-1/4# gilsonite/sk, tailed by 100 sx (118 cu.ft.) C1 "B" containing 2% CaCl2. Circulate 20 bbls (112 cu.ft.) of cement to surface.
4. Test BOP and manifold to 1500 psi. Test casing to 1500 psi. All held OK.
5. Drill 6-1/4" hole with gas and air mist to 7523'. Drill with mud from 7523' to 7840'.
6. Log well.
7. Run 4-1/2", 10.5# liner from 3424'-7834'.
8. Cement with 800 sx (1256 cu.ft.) 50/50 POZ containing 4% gel, 6-1/4# gilsonite/sk and 10# salt.sk. Lost circulation during displacement. A bond log will be run to determine the cement top.
9. Rig down, move off.

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

SIGNED Robert C. Evans TITLE Permit Coordinator DATE 08/25/1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side