

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. Jic. Contract 150 |
| 2. NAME OF OPERATOR Union Texas Petroleum | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache |
| 3. ADDRESS OF OPERATOR 375 US Highway 64, Farmington, NM 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 885' FSL & 2465' FWL | 8. FARM OR LEASE NAME Jicarilla G |
| 14. PERMIT NO. | 9. WELL NO. 12 |
| 15. ELEVATIONS (Show whether DF, ST, GR, etc.) 7338' G.L. | 10. FIELD AND POOL OR WILDCAT Tapcito PC |
| | 11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 1, T26N-R5W |
| | 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 PLANE <input type="checkbox"/> | (Other) <input checked="" type="checkbox"/> Spud & Surface Casing | (Other) <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 5:45 P.M. 9/30/88. A 12-1/4" hole was drilled to 405' KB. Run 9-5/8", 36#, K-55 to 396'. Cement with 250 sx (295 cu.ft.) Cl "B" containing 2% CaCl₂. Circulate 5 bbls (28 cu.ft.) of cement to surface. W.O.C. Nipple up BOP. Test BOP to 1000 psi. Test casing to 750 psi. Both held OK. Drill 8-3/4" hole out of surface.

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

SIGNED Robert C. Frank

TITLE Permit Coordinator

DATE 10/05/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

RECEIVED

*See Instructions on Reverse Side