

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Bureau No. 1004-0135
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 purposes.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO		5. WELL DESIGNATION AND SERIAL NO. Jic. Contract 107	
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 1240' FSL & 710' FEL				8. FARM OR LEASE NAME Jicarilla F	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, ST, GR, etc.) 7081' GL		9. WELL NO. 9	
				10. NAME AND FOOT OF WILDCAT Blanco Mv/West	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, 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"/>
FRACUTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACUTURE 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>Spud & Surface Casing</u>	
(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 2:30 P.M. 7/3/88. A 12-1/4" hole was drilled to 368' KB. Run 9-5/8", 36#, K-55 to 357'. Cement with 250 sx (295 cu.ft.) Cl "B" containing 2% CaCl₂. Circulate 8 bbls (45 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.

RECEIVED
JUL 5 1988
OIL CON. DIV.
DIST. 3

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

SIGNED <u>Robert C. Lane</u>	TITLE <u>Permit Coordinator</u>	DATE <u>7/06/88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side