

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPlicate\*  
(Other instructions on re-  
verse side)

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.)

<p>1. <input type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Union Texas Petroleum Corporation</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1290, Farmington, New Mexico 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1874 FSL; 1850 FEL</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF 047020-B</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Angel Peak</p> <p>9. WELL NO. 5-R</p> <p>10. FIELD AND POOL, OR WILDCAT Fulcher Kutz Pictured Cliffs</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T28N, R11W, NMPM</p> <p>12. COUNTY OR PARISH    13. STATE San Juan                  New Mexico</p>
<p>15. ELEVATIONS (Show whether DF, FT, OR SEC.) 5565 R.K.B.</p>	

**RECEIVED**  
FEB 15 1985

BUREAU OF LAND MAN.  
FARMINGTON, N.M.    LARGE AREA

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) <u>Compressor Installation</u> <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.)\*

A compressor was installed and began operation 11/28/84.  
Expect production to increase to 350-400 MCF per day.

**RECEIVED**  
FEB 20 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED Kenneth E. Roddy                  TITLE Area Production Supt.

ACCEPTED FOR RECORD  
DATE 2/14/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE FEB 19 1985  
FARMINGTON RESOURCE AREA

BY [Signature]

\*See Instructions on Reverse Side