

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. SF 077968
2. NAME OF OPERATOR Union Texas Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1290, Farmington, New Mexico 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1120' FNL; 1630' FNL	8. FARM OR LEASE NAME C.J. Holder
14. PERMIT NO.	9. WELL NO. 17
15. ELEVATIONS (Show vertical depth, etc.) 6057' GL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16, T28N-R13W NMPM
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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BUREAU OF LAND MANAGEMENT

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Run 4-1/2" Production Casing	

(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. Drilled 7-7/8" hole to total depth of 6570'KB. TD reached 1/6/85.
2. Ran open hole logs.
3. Ran 173 jts., 4-1/2", 10.5#, K-55 casing and set at 6570'. DV tool at 2896'.
4. Cemented stage one with 1000 sxs 50/50 POZ with 8% gel and 10# gilsonite/sk. Tailed with 100 sx 50/50 POZ w/2% gel, 0.6% FLA & 10# salt/sk. Circulated 5 bbls to surface. Cemented stage two with 631 sxs 65/35 POZ with 12% gel and 12-1/4# gilsonite/sk. Tailed with 100 sxs Class B with 2% CaCl. Circulated cement to surface. Plug down at 5:30 AM 1/7/85.  
NDBOP, set casing slips and cut off casing.  
Release rig 10:00 AM 1/7/85.

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FEB 11 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED Stergie Katrgis  
Stergie Katrgis  
(This space for Federal or State office use)

TITLE Petroleum Engineer

DATE 1/9/85  
ACCEPTED FOR RECORD

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

TITLE \_\_\_\_\_ DATE FEB 04 1985

FARMINGTON RESOURCE AREA

RY SM

\*See Instructions on Reverse Side

NMOCC