

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
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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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-065249
2. NAME OF OPERATOR Union Oil Company of California	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 671 - Midland, Texas 79702	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 660' FWL & 660' FEL of Section 31	8. FARM OR LEASE NAME Federal "D"
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4053' GR	10. FIELD AND POOL, OR WILDCAT Crossroads Devonian, West
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-9-S, R-36-E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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 COMPLETION <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) Sqz'd perfs & new perfs <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.) *

6-11-89 - MIRU Pool Well Service. 6-10-89 - POH & LD 99 jts 4 1/2" tbg and Reda sub pump. 6-28-89 - Sqz'd perfs-11,983-11,989' w/50 sxs C1 "H" w/0.7% CF-14, f/b 50 sxs C1 "H" neat @ 3-1 1/2 BPM @ 1800-2800-250-1100 psi. PO of ret. and reversed 16 sxs cmt. JC @ 9:30 P.M. - 6-27-89 - Spot 300 gals 15% HCl w/NE, FE & LST @ 11,975'-11,653'. 6-28-89 - Perf Dev.-11,955-63' & 11966-72' (30 holes). Acidized Dev. perfs 11,955'-11,972' w/300 gals spot acid f/b 3700 gals 15% NE, FE & LST HCl. 7-7-89 - R&L 114 jts (3532') 2 3/8" 4.7# J-55 EUE 8rd new smls tbg @ 3527' w/Reda 70 HP Submersible pump @ 3496'. NU tbg hd. 7-9-89 - RDMODDPU. 7-30-89 - Pumped 50 BO + 5400 BW for 24 hrs. GOR:200 - Gravity 43.7° API - Prev. Prod. P/36 BO + 5400 BWPD.

TD - 12,031' TD

PBTD - 11,977'

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

SIGNED

Jeffery J. Tokarsky

TITLE Drilling Engineer

DATE

8-2-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side