

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
Duplicate
1985-98-10
MISSION

Form approved
Budget Bureau N
Expires August 31, 1985
45F

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"/> | RECEIVED BY JUN 11 1987 O. C. D. ARTESIA, OFFICE | 5. LEASE DESIGNATION AND SERIAL NO. NM-0334702 |
| 2. NAME OF OPERATOR Union Texas Petroleum Corporation ✓ | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 4000 N. Big Spring, Suite 400, Midland, TX 79705 | | 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 2080' FSL & 560' FEL | | 8. FARM OR LEASE NAME Federal |
| 14. PERMIT NO. NA | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3710 GR | 9. WELL NO. 1 |
| | | 10. FIELD AND POOL, OR WILDCAT North Shugart (Bone Spring) |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 5-18S-31E |
| | | 12. COUNTY OR PARISH Eddy |
| | | 13. STATE NM |

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 checked="" type="checkbox"/> | ABANDONMENT* | <input 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.)

5-28-87 Perf 20 holes from 8121 to 8390. Tested hole to 8000 PSI.
5-30-87 Acidize with 4350 gallons 7.5% HCL. Fracture with 100,000 gallons 60# gelled water with 3% HCL & 252,000# 20/40 sand.
6-3-87 RIH w/2-7/8" Tbg. set TA @ 7192.

ACCEPTED FOR RECORD

SJS
JUN 5 1987

CARLSBAD, NEW MEXICO

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

SIGNED [Signature]

TITLE Regulatory Permit Coord.

DATE 6-3-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side