

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other Inst.
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PLICATE
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Form approved.
Budget Bureau No. 1-101-105
Expires August 31, 1985

215F

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. NM-0334702	
2. NAME OF OPERATOR Union Texas Petroleum Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2120, Houston, Texas 77252-2120		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 990' FSL & 660' FEL (SESE)		8. FARM OR LEASE NAME Federal	
14. PERMIT NO. CER 174		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3712 GR		10. FIELD AND POOL, OR WILDCAT No. 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	

RECEIVED

DEC 11 '87

O. C. D.
ARTESIA, OFFICE

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 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.)*

11/04/87 MIRUSU. Perf 12 holes 7790' to 7890'

11/05/7 Acidize perfs w/2500 gallons 7.5% NEFE.

11/07/87 Frac w/90,000 gals, 150,000# Sand & 50,000# PCRS.

11/08/87 Begin testing well, open to test tank.

11/11/87 Ran rods & seat pump. Started well pumping.

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

SIGNED

[Signature]

TITLE

Reg. Permit Coordinator

DATE

12/03/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS