

Form 3160-5
(November 1983)
(Formerly 9-331)

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

3. LEASE DESIGNATION AND SERIAL NO.
NM 0 334702

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"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Union Texas Petroleum Corp. Attn. Ken White	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 2120, Houston, TX 77252-2120	8. FARM OR LEASE NAME Federal 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FEL	9. WELL NO. 4
14. PERMIT NO. 258	10. FIELD AND POOL, OR WILDCAT N. Shugart Bone Spring
15. ELEVATIONS (Show whether SP, ST, OR, etc.) 3710GR	11. SEC., T., R., M., OR BLM, AND SURVEY OR AREA 5-18S-31E
	12. COUNTY OR PARISH 13. STATE Eddy NM

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"/>
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"/>	

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.)

12-4-90 MIRUSU - POH w/267 JTS 2 7/8" 6.5# J.SS tbq.
12/5/90 Perf'd Bone Spring 7645 -60'(16 holes) 7680-84' (5 holes) 7718-12' (6 holes).
12/6/90 Acidize E Carbonate Perfs w/3400 gal 15% NEFE HCl.
12/8/90 Pull RBP & pkr & return well to production.

RECEIVED

DEC 31 '90

O. C. D.
ARTESIA, OFFICE

Adm

RECEIVED
DEC 17 9 14 AM '90
CARLSON RESOURCE
AREA HEADQUARTERS

RECEIVED

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

SIGNED Ken White TITLE Regulatory Permit Coord. DATE 12/10/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: