

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Submit in triplicate
(One copy to be submitted
to the Bureau of Land Management
and one copy to the State Office
of the Department of the Interior
in the State of New Mexico)

Budget Bureau No. 1004-0135
Expires August 31, 1985

clsf

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 ☒ GAS WELL ☐ OTHER ☐		RECEIVED	
2. NAME OF OPERATOR Union Texas Petroleum Corp. ✓		JUL 22 '88	
3. ADDRESS OF OPERATOR P.O. Box 2120, Houston, Texas 77252-2120		O.C.D. ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FNL & 990 FEL		5. LEASE DESIGNATION AND SERIAL NO. NM-68039	
14. PERMIT NO. 30-015-25917		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3632 GR	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF ☐ FRACTURE TREAT ☐ SHOOT OR ACIDIZE ☐ REPAIR WELL ☐ (Other) ☐		7. UNIT AGREEMENT NAME	
PULL OR ALTER CASING ☐ MULTIPLE COMPLETE ☐ ABANDON* ☐ CHANGE PLANT ☐		8. FARM OR LEASE NAME Neste Williams Fed.	
WATER SHUT-OFF ☐ FRACTURE TREATMENT ☐ SHOOTING OR ACIDIZING ☐ (Other) ☐		9. WELL NO.	
SUBSEQUENT REPORT OF: REPAIRING WELL ☐ ALTERING CASING ☐ ABANDONMENT* ☐ Spud Notice ☒		10. FIELD AND POOL, OR WILDCAT N. Shugart (Bone Spring)	
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6-18S-31E	
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. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

SIGNED [Signature] TITLE Regulatory Permit Coordinator DATE 06/29/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 21 1988

Peter W. Chester

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side