

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OIL GASES. COMMISSION
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Union Texas Petroleum Corporation	8. FARM OR LEASE NAME Neste Williams Federal
3. ADDRESS OF OPERATOR P.O. Box 2120, Houston, Texas 77252-2120	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2030' FSL & 560' FWL	10. HEAD AND POOL, OR WILDCAT N. Shugart (Bone Spring)
11. PERMIT NO. 30-015-26053	12. COUNTY OR PARISH Eddy
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3608' GR 3586'	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 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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Begin Operations	<input checked="" 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.) *

01/21/89 - Spud at 7:00 am & drill to 507'. Ran 13-3/8" csg w/600 sx Class "C" cmt w/ 2% CACL₂.

01/24/89 - Drill to 3000'. Run 8-5/8" interm. csg w/1250 sx 65-35 poz 6% gel, Circ 110 sx cmt to pits. Witnessed by Dale Carpenter, BLM.

01/25/89 - Drilling ahead to 4232'.

RECEIVED

FEB 21 9 00 AM '89

OFFICE OF THE
ASSISTANT SECRETARY
FOR LAND AND WATER
MANAGEMENT

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

SIGNED

David R. Glass

TITLE Regulatory Permit Coordinator DATE 02/16/89

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 14 1989

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side