

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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(Other Instructions
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Form approved.
Budget Bureau No. 1004-0125
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"/>		2. NAME OF OPERATOR Union Texas Petroleum Corp.		3. ADDRESS OF OPERATOR P.O. Box 2120, Houston, Texas 77252-2120		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 410 FNL & 850' FWL		5. LEASE DESIGNATION AND SERIAL NO. NM-28098		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO. N/A		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3709' GR		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Federal 9		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT North Shugart <i>Boyle Spring</i>	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, 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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) <u>Spud Notice</u>	<input checked="" type="checkbox"/>		
(Other) _____							
(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.)*							

12/07/87 Spudded @ 8:45 am. Drill to 508' & cmt. 13-3/8" csg. w/500 sx Class "C" cmt. w/2% Cacl (*circ'd*)

12/08/87 Drill ahead to 1360'.

12/10/87 Drill to 2502'. Cmt. 8-5/8" csg. to 2498 w/900 sx lite cmt.

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

SIGNED

Ken White

TITLE Reg. Permit Coordinator

DATE 12/23/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side