

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-12828	
2. NAME OF OPERATOR Union Texas Petroleum Corporation ✓		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 1900' FSL & 2200' FWL		8. FARM OR LEASE NAME Shelby Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, HT, GR, etc.) 3859 GL		10. FIELD AND POOL, OR WILDCAT McKittrick Hill Upper Penn	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 12, T22S, R24E	
		12. COUNTY OR PARISH Eddy	
		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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<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 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.)

- 12-31-87 RD Snubbing Unit - Set CIBP at 804'. Pressure up to 2000#, 10 min-No Bleed off.
- 1- 5-88 Pmp 15 Sx Glass "C" Neat Cement. Circ. 3 sx Cmt. PU 4-1/2" inside Csg. Cutter to 650'.
- 1-6-88 Cut Csg 648'. Cmt 4-1/2 X 8-5/8" Annulus w/140 Sx Class "C". TIH w/ CIBP on 2-3/8" Tbg. Set Plug 610'. TIH & Cmt w/190 Sx Class "C" to Surface.
- 1- 7-88 Weld 1/2" plate over 8-5/8" Csg. Install Dry Hole Marker. Remove BOP stack, Load Out Equipment. Cover Pit. Well P&A'd.

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

SIGNED E. E. White

TITLE Regulatory Permit Coordinator DATE 1-8-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Approved by _____
Liability under bond _____
surface location _____

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.