Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **ROTTLE OF INTENTION TO: **ROTTLE OF INTENTION TO: **TEST WATER BRUT-OFF** **PACTURE TREAT** **SHOOT OF ACTIOIST ABANDON** **REPAIR WRIT: **CHANGE PLANT** **CHANGE PLANT** **CHANGE PLANT** **CHANGE PLANT** **CHANGE PLANT** **CHANGE PLANT** **COMPLETES OF CONFLICTS OF CARTINGS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work if well is directionally drilled give suburface todations and measured and true vertical depths for all markers and above pertinent to this work)* **12-31-87** **RD Shubbing Unit - Set CIBP at 804'. Pressure up to 2000#, 10 min-No Bleed 1-5-88* **Pmp 15 Sx Glass "C" **Neat Cement. Circ. 3 sx Cmt. PU 4-1/2" inside Csg. Cutter to 650'. **L6-88* **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. **SOS	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data MOTICE OF INTERTION TO THAT WATER SECTION PRACTURE TREAT SHOOTH OF ACTIONS ALTERIAN ANABOSAN ALTERIAN ANABOSAN ALTERIAN ANABOSAN (Other) (Note Report results of multiple completion on Well	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data ***ROTICE OF INTENTION TO: ***TEES MUCTOR OF INTENTION TO: ***TEES MUCTOR OF INTENTION TO: ***TEES ABUT-OFF** ***PECCULAR TREAT** ***SHOOT OR ACTORING** ***ATREA BRUT-OFF** ***PECCULAR TREAT** ***SHOOT OR ACTORING** ***ATREA BRUT-OFF** ***PECCULAR TREAT** ***ATREA BRUT-OFF** ***	
Check Appropriate Box To Indicate Notice, Report, of Other Data NOTICE OF INTERTION TO: TEST WATER BRITTOFF PACT BY TREAT SHUTTER COMPLETE ADAPBOON ADA	
Check Appropriate Box To Indicate Notice of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PICL OR ALTER CASING PRACTISE TREAT SHOOT OR ACTORIE REPORT OR ACTORIE REPORT OR ACTORIE REPORT OR ACTORIE REPORT NOTE REPORT FROM ADMINISTRATION OF ACTORIES OF RECOMPLETED OF RECOMPLETED OF REACTION (Completion or Recompletion or Recompletion Report and Log for Wall INDIANA TO NOT REPORT FROM It INVESTIGATE CONTINUES ADMINISTRATION (Completion or Recompletion Report and Log for Wall REPAIR WELL (Other) PROCEEDING OF RECOMPLETED OF REACTIONS (Cloudly state all pertinent details and give pertinent details of multiple emphrication or Wall To Note that the World's directionally drilled give subsurface locations and measured and true vertical depths for all market and state of starting and measured and true vertical depths for all market and state of the pertinent data of the	
Check Appropriate Box To Indicate Notice, Report, or Other Data NOTICE OF INTERTION TO TEST WATER SECT-OFF PRACTISE TRAIT SHOOT OR ACIDIE SHOOT OF TRAITING WELL SHOOT OR ACIDIE SHOOT OF TRAITING WELL SHOOT OF TRAITING WELL SHOOT OF TRAITING WELL SHOOT OR ACIDIE SHOOT OF TRAITING WELL	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: TEST WATER BRITT-OFF FRACTURE TREAT EMOOT OR ACTURE REPAIR WELL (Other) DESCRIPTION OF COMPLETE OF PRACTICE TREATMENT (Other) DESCRIPTION OF COMPLETE OF PRACTICE TREATMENT (Other) DESCRIPTION OF COMPLETE OF PRACTICE TREATMENT (Other) DESCRIPTION OF COMPLETE OF PRACTICES (Clearly state all pertinent details, and give pertinent dates including estimated date of starting and proposed with work.) 12-31-87 RD Snubbing Unit - Set CIBP at 804'. Pressure up to 2000#, 10 min-No Bleed 1- 5-88 Pmp 15 Sx Glass "C" Weat Cement. Circ. 3 sx Cmt. PU 4-1/2" inside Csg. Cutter to 650'. 16-88 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.	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: TEST WATER BRITT-OFF FRACTURE TREAT EMOOT OR ACTURE REPAIR WELL (Other) DESCRIPTION OF COMPLETE OF PRACTICE TREATMENT (Other) DESCRIPTION OF COMPLETE OF PRACTICE TREATMENT (Other) DESCRIPTION OF COMPLETE OF PRACTICE TREATMENT (Other) DESCRIPTION OF COMPLETE OF PRACTICES (Clearly state all pertinent details, and give pertinent dates including estimated date of starting and proposed with work.) 12-31-87 RD Snubbing Unit - Set CIBP at 804'. Pressure up to 2000#, 10 min-No Bleed 1- 5-88 Pmp 15 Sx Glass "C" Weat Cement. Circ. 3 sx Cmt. PU 4-1/2" inside Csg. Cutter to 650'. 16-88 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.	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER BRITT-OFF PRACTICE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIPTION TO HARDON CHANGE PLANS (Other) DESCRIPTION TO SHOOT OR ACIDIZE REPAIR WELL (OTHER) DESCRIPTION TO SHOOT OR AC	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: TEST WATER BECT-OFF FRACTURE TREAT BHOOT OR ACTOIZE REPAIR WELL CHANGE PLANS CHANGE Report results of multiple completion on Well Completion or Recupietion Report and Log form (Note Report results of multiple completion on Well Completion or Recupietion Report and Log form (Note Report results of multiple completion on Well Completion of Recupietion Recupietion on Well Completion of Recupietion of Recupietion on Well Completion of Recupietion Recupietion on Well Completion of Recupietion of Recupietion on Well Completion of Recupietion Recupietion on Well Completion of Recupietion Recupi	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBBRIGHER ABPORT OF: TEST WATER BELT-OFF PULL OR ALTER CUSING MILTIPLE COMPLETE ABANDON' SHOOTING OR ACIDIZE REPAIR WELL: (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Note Report results of multiple completion on Report results of multiple completion Report results	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBBRIGHER ABPORT OF: TEST WATER SHUT-OFF POLL OR ALTER CASINO MILTIPLE COMPLETE ABANDON' REPAIR WELL: (Other) CHANGE PLANS (Hange Plans) CHANGE PLANS (Other) CHANGE PLANS (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Note Report results of multiple completion on Well (Note Report results of multiple completion on Well (Other) (Note Report results of multiple completion on Well (Note Report results of multiple completion on Report results of multiple completion Report results of multiple completion on Report results of m	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING MILITIPLE COMPLETE ABANDON' CHANGE PLANS COMPLETE TREATMENT ALTERING CABING CABRICA CABING CABING CABING CABING CABING CABING CABING CABING CABRICA CABING CABING CABING CABING CABING CABING CABING CABING CABRICA CABING CABING CABING CABING CABING CABING CABING CABING CABRICA CABING CABING CABING CABING CABING CABING CABING CABING CABRICA CABING CABING CABING CABING CABING CABING CABING CABING CABRICA CABING CABING CABING CABING CABING CABING CABING CABING CABRICA CABR	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL OTHER THEAT CHANGE PLANS COMPLETED TREATMENT ALTERITY WELL ALTERITY OF PLANSING WELL ALT	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE ABANDON* CHANGE PLANS CHANGE PLANS CHANGE PLANS CHANGE PLANS COMPLETE: PT UNISE OR COMPLETE: OPERATION: (Cleuity state all pertinent details, and give pertinent dates, including estimated date of starting and nent to this work.)* 12-31-87 RD Snubbing Unit - Set CIBP at 804'. Pressure up to 2000#, 10 min-No Bleed 1-5-88 Pmp 15 Sx Glass "C" Neat Cement. Circ. 3 sx Cmt. PU 4-1/2" inside Csg. Cutter to 650'. 1-v6-88 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	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIPTION OF COMPLETE OFERATION (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 sobre pertinent to this work.) 12-31-87 RD Snubbing Unit - Set CIBP at 804'. Pressure up to 2000#, 10 min-No Bleed 1-5-88 Pmp 15 Sx Class "C" Neat Cement. Circ. 3 sx Cmt. PU 4-1/2" inside Csg. Cutter to 650'. 16-88 Cut Csg 648'. Cmt 4-1/2 X 8-5/8" Annulus w/140 Sx Class "C". TIH w/	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PRACTIER TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) CHANGE PLANS (Other) CHANGE PLANS (Other) DESCRIPTIONS OF COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any nent to this work.)* The state of the completion of the subsurface locations and measured and true vertical depths for all markers and softes pertinent to this work.)* RD Snubbing Unit - Set CIBP at 804'. Pressure up to 2000#, 10 min-No Bleed 1-5-88 Pmp 15 Sx Class "C" Neat Cement. Circ. 3 sx Cmt. PU 4-1/2" inside Csg. Cutter to 650'.	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBBRQUENT REPORT OF: TEST WATER BRUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS CHANGE PLANS CHANGE PLANS COUNTY REPORT RESULTS of multiple completion on Well Completion or Recompletion Report and Log form.) DENS REPAIR WORL If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and aches pertical depth	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: BUBBBQUENT REPORT OF: TEST WATER SHUT-OFF PRACTURE TREAT ULLTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS (Other) DLS' REPORT PERIODS OR COMPLETE OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and address pertinent to this work.) RD Snubbing Unit - Set CIBP at 804'. Pressure up to 2000#, 10 min-No Bleed	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: BUBBBQUENT EBPORT OF: TEST WATER SHUT-OFF PRACTURE TREAT NULTIPLE COMPLETE PRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* (Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) DESCRIPT HE HUSED OR COMPLETE OFERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work.) The proposed work of the well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sobes pertinent to this work.)	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: BURBAQUENT EBPORT OF: TEST WATER SHUT-OFF PRACTURE TREAT ULLTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS (Other) (Note: Report results of multiple completion on Well Completion or Recognistion Present completion on Well	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: BURBAQUENT EBPORT OF: TEST WATER SHUT-OFF PRACTURE TREAT ULLTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS (Other) (Note: Report results of multiple completion on Well Completion or Recognistion Present completion on Well	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBBRQUENT EBPORT OF: TEST WATER SHUT-OFF PRACTURE TREAT NULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* X	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: BUBBBQUENT REPORT OF: TEST WATER SHUT-OFF PRACTURE TREAT MULTIPLE COMPLETE PRACTURE TREATMENT ALTERING CASING	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: BUBBBQUENT EBPORT OF:	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	
12. COURTY OR PARISE 18. STATE	
Sec. 12, T22S, R24E	
1900' FSL & 2200' FWL	
McKittrick Hill Upper	Penn
LOCATION OF WELL (Report location clearly and in accordance with any State requirements. 10. FIBLD AND POOL, OR WILDCAT	
P.O. Box 2120, Houston, Texas 77252-2120 2	
Union Texas Petroleum Corporation FEB 01'88 Shelby Federal	
WELL WELL A OTHER NAME OF OPERATOR 8. FARM OR LEASE NAME	
OIL GAB X OTHER	i
(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.)	
SUNDRY NOTICES AND REPORTS ON WELLS	
BUREAU OF LAND MANAGEMENT NM-12828	
November 1983) Formerly 9-331) DEPARTME OF THE INTERIOR verse side) Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.	c197
Form 3160-5 November 1983) UNITED STATES SUBMIT IN TRIP: TE* Budget Bureau No. 1004-013	