

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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 on a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		2. NAME OF OPERATOR Union Texas Petroleum Corporation		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 2150' FWL & 1900 FSL		5. PERMIT NO. 30-015-25949		6. ELEVATIONS (Show whether DF, RT, GR, etc.) 3858.5 GR		7. LEASE DESIGNATION AND SERIAL NO. NM-12828		8. IF INDIAN, ALLOTTEE OR TRIBE NAME	
9. UNIT AGREEMENT NAME		10. FARM OR LEASE NAME Shelby Federal		11. WELL NO. 3		12. FIELD AND POOL, OR WILDCAT McKittrick Hills		13. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 12-22S-24E		14. COUNTY OR PARISH Eddy		15. 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 checked="" type="checkbox"/>
(Other) Spud Notice	<input 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.) \*

Began Operations 10/17/88.

10/18/88 Spudded @ 8:30 a.m. Dr1 to 406'. Set 400' 13-3/8"-48# CSG w/ 400 sx Class "C" cmt 2% CaCl. circ'd

10/22/88 Dr1 to 1654'. Set 1620' of 8-5/8" 24# Intermediate casing w/ 300 sx Class "C" cmt w/ 2% CaCl. circ'd

11/6/88 Dr1 to 7980'. Set 4-1/2" 11.6# long string @ 7979' with 1250 sx Class "C", 85/15 poz, 8% gel.

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

SIGNED Jim White

TITLE Regulatory Permit Coordinator DATE 11/18/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

DEC 19 1988

SJS

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO