

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
NOV 09 12 26 PM '88

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

clsf

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 <input type="checkbox"/>		2. NAME OF OPERATOR Union Texas Petroleum Corp. ✓		3. ADDRESS OF OPERATOR P.O. Box 2120, Houston, Tx 77252-2120		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FWL & 1980 FNL		5. LEASE DESIGNATION AND SERIAL NO. NM-0557822		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO. N/A		15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3555		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Allied Chemical Fed		9. WELL NO. 2		10. FIELD AND POOL, OR WILDCAT Carlsbad So. Morrow	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, 24S - 26E		12. COUNTY OR PARISH Eddy		13. STATE NM		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		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.)*			

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

X

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Squeeze casing leak and replace tubing
6-5-88 Set RBP @ 11,407', isolated leak from 7108' to 7139'.
6-7-88 Squeeze csng leek w/650 sxs cmt.

New Zone Workover.

8-11-88 Set CIBP above morrow @ 6300' w/3 sxs cmt. PBTD 6265'.
8-14-88 Perferated Delaware Sand @ 3457-78'
8-16-88 Acidize w/600 gal. 7½% MSR. Swab dry.
8-17-88 Removed BOP, install wellhead. WELL SI wo evaluation.

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Reg. Permit Coordinator

DATE 10-19-88

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

NOV 8 1988

*See Instructions on Reverse Side