

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

215F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to different reservoirs. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED BY  
NOV 06 1984  
O. C. D.  
ARTESIA, OFFICE

1.  OIL WELL  GAS WELL  OTHER Change of Operator

2. NAME OF OPERATOR  
Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR  
4000 N. Big Spring, Suite 500, Midland, Texas 79705

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
Unit J, 1400' FSL & 1650' FEL Section

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Exxon Federal Com.

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
White City Penn (Morrow)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec.17, T-24-S, R-26-E

12. COUNTY OR PARISH  
Eddy

13. STATE  
N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

16. NOTICE OF INTENTION TO:

|  |   |  |  |
|--|---|--|--|
| 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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input 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.)\*

Change of Operator from Enstar Petroleum Company, A Division of Enstar Corporation to Union Texas Petroleum Corporation, effective September 25, 1984.

I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Regul. Compl. Coord. DATE 9-20-84

(This space for Federal or State office use) RECORD  
APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:  
NOV 5 1984

Artesia, NEW MEXICO

\*See Instructions on Reverse Side