

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instruction)
verse side)

RECEIVED BY	
Form Approved Budget Bureau No. 42-R1424.	
5. LEASE DESIGNATION AND SERIAL NO.	
SEP 27 1984	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
O. C. D.	
ARTESIA, OFFICE	

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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Change of Operator		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Union Texas Petroleum Corporation		8. FARM OR LESSEE NAME Pennzoil Federal "g" 30m	
3. ADDRESS OF OPERATOR 4000 N. Big Spring, Suite 500, Midland, Texas 79705		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit K, 1725' FSL & 1650' FWL of Section		10. FIELD AND POOL, OR WILDCAT White City Penn (Morrow)	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 9, T-24-S, R-26-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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) <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.)*

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

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

SIGNED William A. Higgins TITLE Regul. Compl. Coord. DATE 9-20-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: