

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
raver DD  
Artesia, NM 88210

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Union Oil Company of California

3. Address and Telephone No.

P. O. Box 671 - Midland, TX 79702 (915) 685-7607

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FSL & 1980' FWL-----Sec. 1, T-23-S, R-31E

5. Lease Designation and Serial No.

NM 22080

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Barclay Federal #1

9. API Well No.

30-015-24954

10. Field and Pool, or Exploratory Area

N. Sand Dunes

11. County or Parish, State

Eddy County, N. Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- |   |  |
|---|--|
| <input type="checkbox"/> Abandonment              | <input type="checkbox"/> Change of Plans         |
| <input checked="" type="checkbox"/> Recompletion  | <input type="checkbox"/> New Construction        |
| <input checked="" type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing  |
| <input type="checkbox"/> Casing Repair            | <input type="checkbox"/> Water Shut-Off          |
| <input type="checkbox"/> Altering Casing          | <input type="checkbox"/> Conversion to Injection |
| <input type="checkbox"/> Other                    | <input type="checkbox"/> Dispose Water           |

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

13. 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.)\*

**PROCEDURE:**

- 1). PU 2 3/8" TBG & RLSE FROM BAK MOD 'DB' PKR @ 14,344'. SCANALOG TBG OUT OF HOLE.
- 2). RU WL CO.-SET 4 1/2" CIBP @ 14,300'. SPOT ~~30'~~ 35' CMT PLUG ON TOP--PRESSURE TEST PLUG TO 2000 PSI. RD WL CO.
- 3). PERF WOLFCAMP 11,993-96', 12,002-10', 12,026-34' & 12,150-70' (CNL-LDT DATED 9/20/84) W/4" HSC CSG GUN 4-SPF 120° PHASED.
- 4). SET PACKER AND TEST WOLFCAMP ZONE.

SCHEMATICS OF THE WELLBORE ARE ATTACHED.

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

Signed Charlotte Beeson

Title DRILLING CLERK

Date 4-26-95

(This space for Federal or State office use)

Approved by Shannon J. Shaw

Title REGIONAL ENGINEER

Date 5/9/95

Conditions of approval, if any: