## **UNITED STATES** DEPARTMENT OF THE INTERIOR

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5. LEASE

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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 Form 9-331-C for such proposals.)  1. oil gas well other  2. NAME OF OPERATOR UNC Texas, Inc.  3. ADDRESS OF OPERATOR P. O. Drawer 1391, Midland, TX 79702  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FSL & 620' FWL of Section 31 AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL COMPLETE Change on Form 1-330) EC 10 198	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
1. oil well  well other  2. NAME OF OPERATOR UNC Texas, Inc.  3. ADDRESS OF OPERATOR P. O. Drawer 1391, Midland, TX 79702  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FSL & 620' FWL of Section 31 AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF					
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Lybrook-Gallup		10. FIELD OR WILDCAT NAME			
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AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE  RIO Arriba New Mexico 14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD 6949 GR; 6964 KB	·				
AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF	AT TOP PROD. INTERVAL:	1 1			
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REQUEST FOR APPROVAL TO:  TEST WATER SHUT-OFF  SHOOT OR ACIDIZE  15. ELEVATIONS (SHOW DF, KDB, AND WD 6949 GR; 6964 KB	16 CHECK APPROPRIATE BOY TO INDICATE MATURE OF MOTICE	=			
REQUEST FOR APPROVAL TO:  TEST WATER SHUT-OFF  FRACTURE TREAT SHOOT OR ACIDIZE   SUBSEQUENT REPORT OF:  6949 GR; 6964 KB					
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF	REPORT, OR OTHER BATA				
TEST WATER SHUT-OFF	REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6949 GR; 6964 KB			
SHOOT OR ACIDIZE		POPIL			
	FRACTURE TREAT				
REPAIR WELL	SHOOT OR ACIDIZE	/ SLULIVEN			
PULL OR ALTER CASING [ ] Change on Form 9-3300/FC 10 100		(NOTE: Report results of multiple completion or zone			
		change on Form 9-3300) ECIO 1001			
CHANGE ZONES		1001			
ABANDON*		OIL CON. COM.			
ABANDON* U Casing and Cementing Report		\ <sup>D</sup> IST. 3			
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 an measured and true vertical depths for all markers and zones pertinent to this work.)*	including estimated date of starting any proposed work. If well is	directionally drilled, give subsurface locations and			
TD of 5714 foot KB was marghed Newsman 20, 1001 Floatnic 1-	TD of 5714 foot VP ting manched November 20 1	001 Floatria lass			
TD of 5714 feet KB was reached November 28, 1981. Electric logs were run from					
TD to 300 feet KB. 4½" 10.5-11.6 # K-55 new casing was set at 5714 feet KB wi					
a stage collar at 2216 feet KB. Cementing commenced November 30, 1981 as foll First Stage - Lead: 400 sy Class 'B' 50/50 Poz + 2% Gel + 64 #/sy Cilsonite +					

h ws: #/sx Salt; Tail: 175 sx Class B + 2% CaCl2 + 8 #/sx Salt + 1 #/sx Celloflake. Second Stage - Lead: 350 sx Class 'B' 65/35 Poz + 6% Gel + 6% #/sx Gilsonite; Tail: 100 sx Class B 50/50 Poz + 2% Gel + 61 #/sx Gilsonite + 6 #/sx Salt. Good returns existed throughout the cement job. Approximately 8 barrels of cement were circulated to surface on the second stage.

Subsurface Safety Valve: Manu. and Typ					Ft.
18. I hereby certify that the foregoing is SIGNED Pandall H. Hulme	true and correct Dr	lg. & Prod. Engineer	DATE	12-3-81	
	(This space for Fe	deral or State office us	e)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE	ASSEPTER FOR	RECORD

\*See Instructions on Reverse Side

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FACMINISTON DISTRICT