

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

SF-079609

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

McCRODEN A

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde

11. SEC., T., R., M., OR BLM. AND  
SURVEY OR AREA

Section 9-T25N-R3W

12. COUNTY OR PARISH 13. STATE

Rio Arriba NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
Union Texas Petroleum

3. ADDRESS OF OPERATOR  
375 U.S. Highway 64, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

990' FNL & 790' FEL

RECEIVED

MAY 11 1987

14. PERMIT NO.

15. ELEVATIONS Show whether OF, RT, GR, etc.)

7164' G.L. BUREAU OF LAND MANAGEMENT

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

RELL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS, including 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.\*

Union Texas Petroleum desires to alter our surface casing and cement program as follows:

Casing Size/WT

Setting Depth

Cement Volumes

9-5/8" 32.3#

450'

260 sx (307 cu.ft.) Class "B"  
with 2% CaCl2 and 1/4# flocele/sk

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

SIGNED

Robert C. Frank

TITLE

Permit Coordinator

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 14 1987

John Skellern  
FOR AREA MANAGER

APPROVED  
MAY 14 1987

\*See Instructions on Reverse Side

NMOCO