

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

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

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-62969	
2. NAME OF OPERATOR UNION PACIFIC RESOURCES COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA	
3. ADDRESS OF OPERATOR Post Office Box 1317, Wilmington, California 90748-1317		7. UNIT AGREEMENT NAME NA	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NWSW (1980' FSL and 660' FWL)		8. FARM OR LEASE NAME Federal 13-3	
14. PERMIT NO. Approved 11/15/85		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, ST, CR, etc.) 6956' KB		10. FIELD AND POOL, OR WILDCAT Bisti - Lower Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-T24N-R10W	
		12. COUNTY OR PARISH San Juan	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PLUG OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<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.)

Union Pacific Resources Company requests approval to attempt a return to production of the subject well. The well was approved for long term shut-in due to uneconomic status on 08/25/86. Casing integrity will be tested and the well will be returned to rod pump.

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

SIGNED R. E. Wood TITLE Petroleum Engineer

DATE September 29, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE September 29, 1987
[Signature]

*See Instructions on Reverse Side

NMOCO