

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Contract No 10	
2. NAME OF OPERATOR Union Texas Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR P. O. Box 1290, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1693' FSL;1662' FWL		8. FARM OR LEASE NAME Jicarilla J	
14. PERMIT NO.		9. WELL NO. 7E	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6733' GR		10. FIELD AND POOL, OR WILDCAT Basin DK;Blanco MV;Tapacito	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36, T26N-R5W NMPM	
		12. COUNTY OR PARISH Rio Arriba	
		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"/>	PULL 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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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) Spud, drilled, and cased <input checked="" 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.)\*

1. Spud 14-3/4" hole at 1 PM 8/5/84.
2. Drilled 14-3/4" hole to 325' RKB.
3. Set 10-3/4", 40.5#, H-55, ST&C @ 322'.
4. Cemented 10-3/4" with 325 cu.ft. C1 B cement. Cement circulated to surface. WOC.
5. Pressure tested casing to 1000 PSI. Held ok.
6. Drilled 7-7/8" hole to 7640' 8/17/84.
7. Ran Induction, FDC/CNL logs.
8. Ran 5-1/2", 15.5#, K-55, LT & ST & C casing to 7639' with stage tools at 3454' and 5683'.  
Cemented 1st stage with 570 sx (718 cu.ft.) 50/50 POZ, 2% gel, 10# salt/sx.  
Cemented 2nd stage with 610 sx (957 cu.ft.) 50/50 POZ w/4% gel, 6-1/4# gilsonite/sx;  
Tail w/100 sx (118 cu.ft.) C1 "B".  
Cemented 3rd stage with 400 sx (1096 cu.ft.) 65/35 POZ w/12% gel, 6-1/4# gilsonite/sx;  
Tail w/118 cu.ft. C1 "B".  
Plug down at 9:45 PM 9-12-84.

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

SIGNED M. R. Herrington  
M. R. Herrington  
(This space for Federal or State office use)

TITLE Petroleum Engineer

DATE 9/26/84

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

NMOCC

\*See Instructions on Reverse Side

BY Smm