

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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 ☐ 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
1800' FSL & 1850' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA)
6726' GL 6738' KB

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Contract 103

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
JICARILLA H

9. WELL NO.
11E

10. FIELD AND POOL, OR WILDCAT
Blanco Mesaverde Basin Dakota/Undes. Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 18-T26N-R4W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

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"/>		<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 & surface casing	<input checked="" type="checkbox"/>		<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.)*

Union Texas Petroleum wishes to advise that the subject well was spud at 9:00 AM, 10/11/1986. A 12-1/4" hole was drilled to 52' KB and lost circulation. Mix L.C.M. pill and drill with partial returns to 322' KB. Run 9-5/8", 32.00#, K-55 to 322' KB. Cement with 175 sxs C1 "B" containing 2% CaCl2. Lost returns at 52' KB. (Visible from floor.) Top out with 50 sxs C1 "B" containing 2% CaCl2. W.O.C. Nipple up BOP. Test BOP to 1000 psi. Test casing to 600 psi. Both held OK. Drill 8-1/2" hole out of surface.

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

SIGNED Robert C. Frank

TITLE Permit Coordinator

DATE 10/14/86

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 21 1986

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY 523