

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

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. Jicarilla Contract 103	
2. NAME OF OPERATOR Union Texas Petroleum		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR 375 U.S. Highway 64, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 840' FSL & 2020' FEL		8. FARM OR LEASE NAME JICARILLA H	
14. PERMIT NO.		9. WELL NO. 6M	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6788' G.L.		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde/ Basin Dakota/W. H. Gallup	
		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Section 20-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spug and Surface Casing	
(Other) <input 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 this well was spud at 4:45 PM on 6/30/87. A 12-1/4" hole was drilled to 366' KB. Run 9-5/8", 36#, K-55 casing to 364' KB, cementing to surface with 205 sx (242 cu.ft.) C1 "B" with 2% CaCl2 and 1/4# flocele/sk. Circulate 3 bbls of 10 bbl spacer to surface. Tag cement at 25'. Top out with 50 sxs (59 cu.ft.) of cement. Nipple up BOP and manifold, testing to 1000 psi. Held OK. Test casing to 750 psi. Held OK. Drill 8-3/4" hole out of surface.

RECEIVED
JUL 16 1987
OIL & GAS DIV.
DIST. 3

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

SIGNED <u>Robert C. Frank</u>	TITLE <u>Permit Coordinator</u>	DATE <u>07/02/1987</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side