

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jic. Contract 103
2. NAME OF OPERATOR Union Texas Petroleum		6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE
3. ADDRESS OF OPERATOR 375 US Highway 64, Farmington, NM 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 890' FSL & 970' FEL		8. FARM OR LEASE NAME JICARILLA H
14. PERMIT NO.		9. WELL NO. 14
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6687' G.L.		10. FIELD AND FORD OR WILDCAT Blanco Mv/ Basin DK/W.H. GAL
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 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:		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud and Surface Casing	(Other) <input checked="" type="checkbox"/>
(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 the subject well was spud at 11:45 AM, 6/15/88. A 12-1/4" hole was drilled to 380' KB. Run 9-5/8", 36#, K-55 to 361'. Cement with 220 sx (260 cu.ft.) Cl "B" containing 2% CaCl<sub>2</sub>. Circulate 8 bbls (45 cu.ft.) of cement to surface. W.O.C. Nipple up BOP. Test BOP to 1000 psi. Test casing to 1000 psi. Both held OK. Drill 8-3/4" hole out of surface.

RECEIVED  
JUL 08 1988  
OIL CON. DIV.  
DIST. 3

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

SIGNED Robert C. Frank TITLE Permit Coordinator

DATE 6/28/88

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

JUL 08 1988

\*See Instructions on Reverse Side

nmccc

FARMINGTON, NM  
BY [Signature]