

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0125
Expires August 31, 1985

RECEIVED

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 US Highway 64, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1190' FSL & 1850' FEL

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6660' GL

5. LEASE DESIGNATION AND SERIAL NO
Jic. 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.
15

10. FIELD AND POOL, OR WILDCAT
Tapacito PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T26N-R4W

12. COUNTY OR PARISH 13. STATE
Rio Arriba 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"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> | (Other) Spud & Surface Casing | <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 2:00 P.M. 6/28/88. A 12-1/4" hole was drilled to 362' KB. Run 8-5/8", 24#, K-55 to 360'. Cement with 250 sx (295 cu.ft.) Cl "B" containing 2% CaCl2. 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 7-7/8" hole out of surface.

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

SIGNED Robert L. Frank TITLE Permit Coordinator DATE 7/06/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side