

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Budget Bureau No. 1004-013  
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. 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 830' FNL & 1620' FWL	8. FARM OR LEASE NAME JICARILLA H
14. PERMIT NO.	9. WELL NO. 13
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6682' G.L. 6694' KB	10. FIELD AND W.O.C. OR WILDCAT Blanco MV/ Basin DK/W.H. GAL
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T26N-R4W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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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 & Surface Casing <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. (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 9:30 AM, 5/31/88. A 12-1/4" hole was drilled to 373' KB. Run 9-5/8", 36#, K-55 to 353'. Cement with 220 sx (260 cu.ft.) Cl "B" containing 2% CaCl<sub>2</sub>. Circulate 13 bbls (73 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  
JUN 6 1988  
OIL CON. DIV.  
DIST. 3

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

SIGNED

*Robert C. Zane*

TITLE Permit Coordinator

DATE 6/02/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOC