

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. WELL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 150
2. NAME OF OPERATOR Union Texas Petroleum Corp.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P.O. Box 2120 Houston, TX 77252-2120	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 885' FSL & 2465' FWL	8. FARM OR LEASE NAME Jicarilla G
14. PERMIT NO.	9. WELL NO. 12
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 7338' GL	10. FIELD AND POOL, OR WILDCAT BS Mesa Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, 26N-5W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	CELL 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)	<input type="checkbox"/>	Single Completion	<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.)

APD was approved for Gallup & Mesaverde formations. No perfs or completion attempts were made in ^{PC} ~~HV~~. Single completion in Gallup only.
_{PC}

RECEIVED
APR 18 1990
OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

APR 16 1990

FARMINGTON RESOURCE AREA

BY

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

SIGNED TITLE Regulatory Permit Coord. DATE 3/28/90

(This space for Federal or State office use)

APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

AMCOO

*See Instructions on Reverse Side

RECEIVED
JAN 11 1951
OFFICE OF
THE DIRECTOR
OF CON. DIV.

RECEIVED FOR FILE

JAN 11 1951

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JAN 11 1951