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5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-9053-1	

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Union Texas Petroleum Corporation	8. Farm or Lease Name State 16
3. Address of Operator P. O. Box 808, Farmington, New Mexico 87499	9. Well No. 3
4. Location of Well UNIT LETTER <u>M</u> <u>881</u> FEET FROM THE <u>South</u> LINE AND <u>927</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>28N</u> RANGE <u>9W</u> NMPM.	10. Field and Pool, or Wildcat Undesignated Gallup
15. Elevation (Show whether DF, RT, GR, etc.) 6263 GR	12. County San Juan

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

We desire to change the intermediate casing point from 5800' to 4100' in order to avoid lost circulation in the Mesaverde formation which was encountered while drilling the State 16 #2.

We also desire to change the proposed total depth from 6627' to 6860' in order to reach the base of the Greenhorn formation.

All other procedures to remain the same.

RECEIVED
AUG 18 1983
OIL CON. DIV.
DIST. 3

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED W. K. Cooper TITLE Field Operations Manager DATE August 17, 1983

APPROVED BY Original Signatures TITLE SUPERVISOR DISTRICT # 3 DATE AUG 18 1983

CONDITIONS OF APPROVAL, IF ANY: