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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-11017

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-
2. Name of Operator
Union Texas Petroleum Corporation
3. Address of Operator
P. O. Box 808, Farmington, New Mexico 87499
4. Location of Well
UNIT LETTER 0 946 FEET FROM THE South LINE AND 1840 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 28N RANGE 9W NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
State 16
9. Well No.
4
10. Field and Pool, or Wildcat
Undesignated Gallup
12. County
San Juan

15. Elevation (Show whether DF, RT, GR, etc.)
6301 GR

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"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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 6000' to 4160' in order to avoid lost circulation in the Mesaverde formation which was encountered while drilling the State 16 #2.

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 <u>W. K. Cooper</u>	TITLE <u>Field Operations Manager</u>	DATE <u>August 17, 1983</u>
APPROVED BY <u>Original Signed by FRANK T. CHAVEZ</u>	TITLE <u>SUPERVISOR DISTRICT # 3</u>	DATE <u>AUG 18 1983</u>
CONDITIONS OF APPROVAL, IF ANY:		