SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepe or plug back to a different reservoir. Other Carte Other Other	
T. UNIT AGRESSION WELL WILL X CAB WILL X CAB WILL X CAB Union Texas Petroleum Corporation Attn: Ken White Union Texas Petroleum Corporation Attn: Ken White B. FARM OR LEASE NAME P.O. Box 2120, Houston, Texas 77252-2120 1. 106Arion or well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1180 FNL & 1570 FEL 12. COUNTY OF PELL Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: WATER SHUT-OFF PRACTURE TREAT MILITIPLE COMPLETE ABANDON* CHANGE PLANS CHANGE PLAN	NAME
Union Texas Petroleum Corporation Attn: Ken White Prictard Feder Atomorphism of operators P.O. Box 2120, Houston, Texas 77252-2120 6 10. Field and Pool, Or will (Report location clearly and in accordance with any State requirements.* At surface 1180 FNL & 1570 FEL 16. FERMIT NO. 30-045-27370 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHIPT-OFF FRACTURE TREAT SHIPDOTOR ACIDIZE HERAIR WELL Gluber 17. DENGRIER PRODUSED OR COMPLETED OFFRATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of start proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sone into this work.)* Spudded 5:30 PM 11/23/90. Drill to 374' & run 374' of 36# csg. with 210 sxs. C1 "B' circ. to surf. Test csg. & BR's 750 psi - 30 min OK. Test upper & lower BOP - 10000 psi - 45 min OK	
1180 FNL & 1570 FEL 14. PERMIT NO. 30-045-27370 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHIPT-OFF PRACTURE TREAT SHOOT OR ACIDIZE HEPAIR WELL (Other) 17. DENCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of slarting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and tone circ. to surf. Test csg. & BR's 750 psi - 30 min OK. Test upper & lower BOP - 10000 psi - 45 min OK	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHIPT-OFF FRACTURE TREAT NHOOT OR ACIDIZE HEPAIR WELL HOther) 17. DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, lackuding estimated date of atarti proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and some nent to this work.)* Spudded 5:30 PM 11/23/90. Drill to 374' & run 374' of 36# csg. with 210 sxs. C1 "B circ. to surf. Test csg. & BR's 750 psi - 30 min OK. Test upper & lower BOP - 1000 psi - 45 min OK	<u>al)</u>
NOTICE OF INTENTION TO: TEST WATER SHIPT-OFF PULL OR ALTER CASING NULTIPLE COMPLETE SHOOT OR ACIDIZE SHOOT OR ACIDIZE HEPAIR WELL 10ther) 17. DEVINDED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zone nent to this work.)* Spudded 5:30 PM 11/23/90. Drill to 374' & run 374' of 36# csg. with 210 sxs. C1 "B circ. to surf. Test csg. & BR's 750 psi - 30 min 0K. Test upper & lower BOP - 1000 psi - 45 min 0K	E
PULL OR ALTER CASING PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL 10ther) 17. DENCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zone near to this work.) Spudded 5:30 PM 11/23/90. Drill to 374' & run 374' of 36# csg. with 210 sxs. Cl "B" circ. to surf. Test csg. & BR's 750 psi - 30 min OK. Test upper & lower BOP - 1000 psi - 45 min OK	
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18. I hereby certify that the foregoing is free and correct SIGNED Reg. Permit Coordinator DATE 9/3/91	
(This space for Federal or State office use) APPROVED BY	<u>.</u>