DISTRICT ENGINEER

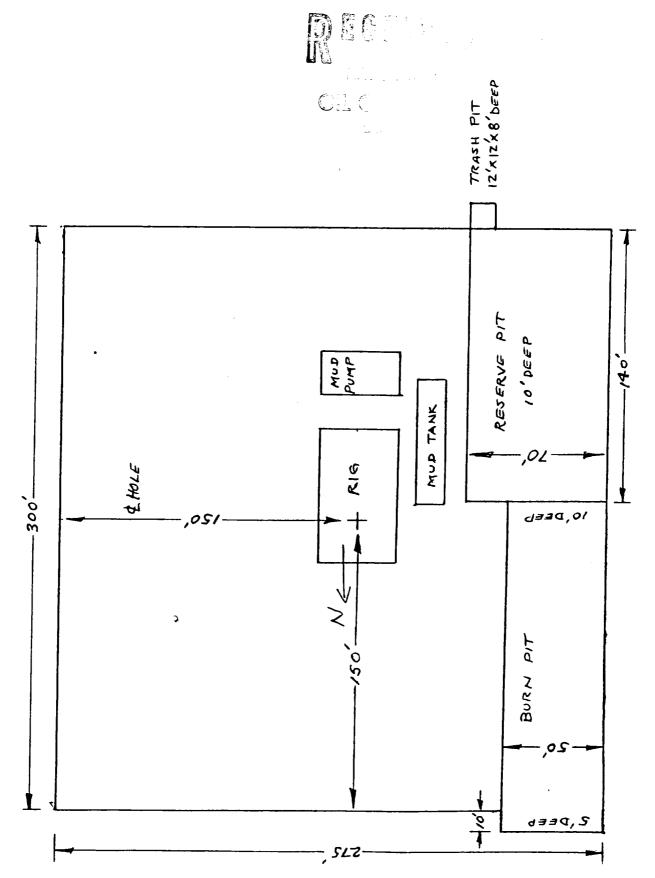
## UNITED STATES DEPARTMENT OF THE INTERIOR

j.	LEASE		
	SF 047020-1	В	

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME			
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME			
	Congress			
1. oil X gas other	9. WELL NO.			
2. NAME OF OPERATOR	18			
Union Texas Petroleum Corporation	10. FIELD OR WILDCAT NAME			
3. ADDRESS OF OPERATOR	Undesignated Gallup			
P. O. Box 808, Farmington, New Mexico 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA			
below.)	Sec. 27, T-29N, R-11W, N.M.P.M.  12. COUNTY OR PARISH 13. STATE			
AT SURFACE: 2127 ft./S; 1931 ft./W lines AT TOP PROD. INTERVAL: Same as above	1			
AT TOTAL DEPTH.				
Dame as above	14 API NO.			
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE				
REPORT, OR OTHER DATA	ELEVATIONS (SHOW DF, KDB, AND WD)			
REQUEST FOR APPROVAL TO: SUBSEQUENT FETTER OF:	.5517 GÅ			
5	1903			
FRACTURE TREAT	SURVEY JOEREN CO			
SHOOT OR ACIDIZE	CICAL SURVEY DE CE I WE FORWARD CHANGE OF FORM 9-330.)			
REPAIR WELL	CONNOTE: Report results of multiple completion or 20ne change on Form 9-330.)			
— — — — — — — — — — — — — — — — — — —	MAY 18 1983			
MULTIPLE COMPLETE	201000			
ABANDON* □	Oil COM Day			
(other) Revise cut and fill and rig layout for the	is proposed well.			
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.)*  We desire to change the orientation of the rig by rotating it approximately 180° on the approved site. This is necessary because of the proximity of the Hammond Ditch and the possibility of getting spray or splash in the irrigation water.				
Subsurface Safety Valve: Manu. and Type	Set @ Ft.			
18. I hereby certify that the foregoing is true and correct				
SIGNED TITLE Field Oper. 1	Mgr. DATE May 2, 1983			
W. K. Cooper ( (This space for Federal or State office use)				
APPROVED BY TITLE	DATE			
CONDITIONS OF APPROVAL, IF ANY:	APPROVED			
	AS AMENDED			
*See Instructions on Reverse	MAY 1 7 1983			
*See Instructions on Reverse	But Thelle			
	JE JAMES F. SIMS			

**NMOCC** 

EXHIBIT E



LOCATION CUT AND FILL PLAT

EXHIBIT D

CONGRESS NO. 18