

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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.)

RECEIVED

JUN 12 1985

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR
P. O. Box 1290, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1770' FNL; 1800' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5707' G. L.

5. LEASE DESIGNATION AND SERIAL NO.
SF 078214

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
McCord

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T30N-R13W NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL 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"/>	

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) Redrill Ground Bed <input 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.)*

The existing ground bed on this location has failed. The ground bed was drilled next to the existing ground bed, as follows:

- 5/17/85: 1. Drill 6-3/4" hole to 400'.
- 2. Could not run anode past 220'.
- 5/20/85: 3. Open 6-3/4" hole to 12 1/4" to 240'.
- 5/21/85: 4. Could not run casing past 60'.
- 5. Abandon hole
- 6. Redrill 12-1/4" hole to 240'.
- 5/22/85: 7. Run 8" line pipe to 240'.
- 8. Drill 6-3/4" hole from 240' to 400'.
- 5/23/85: 9. Logged the hole with an anode and placed 10 anodes across conductive formations.
- 10. Run 1" poly vent pipewith holes in anode zone to surface.
- 11. Backfill with coke breeze slurry.

No new ground was disturbed.

RECEIVED

JUN 18 1985

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

SIGNED R. A. Morris
R. A. Morris
(This space for Federal or State office use)

TITLE Drilling Foreman

OIL CON. DIST. DATE 6/11/85
DIST. 3

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

JUN 17 1985

*See Instructions on Reverse Side
NMOCC

FARMINGTON RESOURCE AREA
BY [Signature]