

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
SF 078439

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Johnston-Federal9. WELL NO.
8 A10. FIELD AND POOL, OR WILDCAT
Blanco Mesaverde Field11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Section 7-T31N-R9W12. COUNTY OR PARISH
San Juan13. STATE
New Mexico

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Union Texas Petroleum, A Division of Allied Chemical Corporation

3. ADDRESS OF OPERATOR
Suite 1122, 1860 Lincoln Street, Denver, Colorado 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
SW SE Section 7-T31N-R9W (790' FSL, 1450' FEL)

14. PERMIT NO.
Approved 2/25/77

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6696 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Spudded 3/27/77. Drilled 13-3/4" hole to 299'. Set 9-5/8" OD 36# K-55 new casing at 299'. Cemented with 275 sx Class "B" cement plus 2% CaCl₂. Circulated cement. Tested casing to 1000 psi, held O.K.

On 3/31/77, drilling 8-3/4" hole at 2625'.

RECEIVED

APR 11 1977

U. S. GEOLOGICAL SURVEY

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

SIGNED

TITLE Assistant Dist. Prod. Manager DATE 4/7/77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side