

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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-Federal

9. WELL NO.

8 A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde Field

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA

Section 7-T31N-R9W

12. COUNTY OR PARISH

San Juan

13. 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, San Juan County, New Mexico  
(790' FSL, 1450' FEL)

14. PERMIT NO.

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 ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Install pumping equipment ☒  
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

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.)\*

MIRU double derrick unit 11-18-77. Attempted to run rods, but paraffin too thick.  
Pumped hot water and loosened paraffin. Ran rods and pump. Installed pumping unit.  
Hung on beam 11-20-77, and returned to production. RDMO.

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

SIGNED

TITLE Asst. Dist. Prod. Manager

DATE 12-5-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side