

Form 3150-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUN
(Do not use this

NOTICES AND REPORTS ON WELLS

or proposals to drill or to deepen or plug back to a different reservoir.
APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-078214
2. NAME OF OPERATOR Union Texas Petroleum Attn: Ken White	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR P.O. Box 2120 Houston, Texas 77252-2120	7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1093' FSL & 1748' FEL	8. FARM OR LEASE NAME McCord
14. PERMIT NO.	9. WELL NO. #12-E
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5477' GR (ungraded)	10. FIELD AND POOL, OR WILDCAT Blanco Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T30N-R13W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Equipment Installation <input checked="" 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).*

We proposed to install a plunger lift system in the subject Dakota gas well to maximize production, increase operating efficiency, and save pumper time by eliminating the need to manually shut in or vent the well.

RECEIVED
SUN ROOM
69 JAN 19 AM 11:52
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
JAN 27 1989
OIL CON. DIV
DIST. 3

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

SIGNED

[Signature]

TITLE Regulatory Permit Coordinator DATE 1/13/89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

JAN 24 1989
[Signature]
AREA MANAGER

*See Instructions on Reverse Side

RECEIVED

PROF. SNAL

OIL CONT.

1917