

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078511	
2. NAME OF OPERATOR Union Texas Petroleum Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2120, Houston, Texas 77252-2120		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FNL & 1850' FWL		8. FARM OR LEASE NAME Quinn	
14. PERMIT NO.		9. WELL NO. 1A	
15. ELEVATIONS (Show whether OF, RT, CR, etc.) 6467 G L		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 20, 31N-8W	
		12. COUNTY OR PARISH San Juan	13. STATE NM

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

NOTICE OF INTENTION TO:

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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) Spud Notice	<input checked="" type="checkbox"/>		<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.)*

Began Operations 10/29/88

10/30/88 MIRU. Spud @ 4:30 p.m. Drill to 405'. Set & cmt 9-5/8" 36# surf CSG @ 397' w/ 250 sx Class "B" cmt.

11/3/88 Dr1 to 3490'. Set & cmt 7" 23# intermediate csg w/ 475 sx 65/34 poz & 100 sx Class "B" cmt.

11/7/88 Dr1 to 5952' set & cmt 4-1/2" 11.6# Line @ 5944' w/ 265 sx 50/50 poz, 4% gel. Clean pits & BOP. Released rig @ 2:00 p.m. 11/7/88.

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

SIGNED [Signature] TITLE Regulatory Permit Coordinator DATE 11/18/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side