

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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.<br>SF-078511                        |  |
| 2. NAME OF OPERATOR<br>Union Texas Petroleum   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>N/A                             |  |
| 3. ADDRESS OF OPERATOR<br>375 U.S. Highway 64, Farmington, New Mexico 87401  |  | 7. UNIT AGREEMENT NAME<br>N/A   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1700' FSL & 1700' FEL |  | 8. FARM OR LEASE NAME<br>QUINN  |  |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>8A   |  |
| 15. ELEVATIONS (Show whether DF, ST, OR, etc.)<br>6070' G.L.   |  | 10. FIELD AND POOL, OR WILDCAT<br>Blanco Mesaverde                      |  |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Section 18-T31N-R8W |  |
|  |  | 12. COUNTY OR PARISH<br>San Juan  |  |
|  |  | 13. STATE<br>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 PLANS <input type="checkbox"/>         | (Other) <u>Int. csg &amp; prod. liner</u> <input checked="" type="checkbox"/>                         |  |
| (Other) <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.)\*

1. Drill 8-3/4" hole to 3202'.
2. Run 7", 23#, K-55 intermediate casing to 3202'.
3. Cement with 500 sx (785 cu.ft.) 50/50 POZ with 4% gel, 6-1/4# gilsonite, and 10# salt/sk, tailed by 100 sx (118 cu.ft.) C1 "B" containing 2% CaCl2. Circulate 18 bbls (101 cu.ft.) of cement to surface.
4. Test BOP and manifold to 1500 psi. Test casing to 1500 psi. All held OK.
5. Drill 6-1/4" hole with air and mist to 5590'.
6. Log well.
7. Run 4-1/2", 10.5# liner from 2998'-5588'.
8. Cement with 325 sx (510 cu.ft.) 50/50 POZ containing 4% gel, 6-1/4# gilsonite/sk and 10# salt/sk. Circulate 5 bbls (28 cu.ft.) of cement off of liner hanger.
9. Rig down, move off.

RECEIVED  
OCT 26 1987  
OIL CON. DIV.  
DIST. 3

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

|  |                                 |                        |
|--|---------------------------------|------------------------|
| SIGNED <u>Robert L. Frank</u>                | TITLE <u>Permit Coordinator</u> | DATE <u>10/07/1987</u> |
| (This space for Federal or State office use) |                                 |                        |
| APPROVED BY _____                            | TITLE _____                     | DATE _____             |
| CONDITIONS OF APPROVAL, IF ANY:              |                                 |                        |

\*See Instructions on Reverse Side