

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-078505	
2. NAME OF OPERATOR Union Texas Petroleum		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR 375 U.S. Highway 64, Farmington, New Mexico 87401		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 1660' FSL & 1794' FWL		8. FARM OR LEASE NAME SEYMOUR	
14. PERMIT NO.		9. WELL NO. 10	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6401' G.L.		10. FIELD AND POOL, OR WILDCAT Sedro Canyon Fruitland	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 23-T31N-R9W	
		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:

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 checked="" type="checkbox"/>
(Other) <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) <input checked="" type="checkbox"/> Production casing	

(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 3192'.
2. Run 7", 23#, K-55 casing to 3192'.
3. Cement with 220 sx (631 cu.ft.) 65/35 POZ with 12% gel and 12-1/4# gilsonite, tailed by 100 sx (118 cu.ft.) C1 "B" containing 2% CaCl₂. Circulate 10 hbbls (56 cu.ft.) of cement to surface.
4. Change plans; complete well open hole.
5. Drill 6-1/4" hole with air to 3245'. Log well.
6. Run 4-1/2" liner from 2990'-3245', gravel pack.

Approved 9/10/87

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

SIGNED Robert C. Frank

TITLE Permit Coordinator DATE 09/04/1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE SEP 10 1987

FARMINGTON RESOURCE AREA

BY Jmm

*See Instructions on Reverse Side

IMOCG