

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. 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, TX 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 1690' FNL & 1520 FWL	8. FARM OR LEASE NAME Quinn
9. PERMIT NO. 30-045-27491	9. WELL NO. 2A
10. ELEVATIONS (Show whether DF, RT, GR, etc.) 6404 GR	10. FIELD AND POOL, OR WILDCAT Blanco MV
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19-31N-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"/>
FRACURE 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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)\*

- 9-15-89 - Install 9 5/8" X 11" 3000 psi csghd NU BOP & test manifold, lines, blind rams to 1000 psi for 1/2 hr ol. Tested pipe rams 750 psi. - o.k.
- 9-20-89 - Cmt 7" intermediate csg. pressure test manifold, blind rams, & csg to 1500# psi for 1/4 hr. Test pipe rams 1000 psi 1/4 hr, o.k.
- 9-25-89 - Cmt. 11.6# 4 1/2" liner @ 5944' with 330 sx 50/50 poz cmt TOC @ 3432'.

RECEIVED  
APR 16 1990  
OIL CON. DIV  
DIST. 3

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

SIGNED [Signature] TITLE Reg. Permit Coord. DATE 4/10/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
JAN 19 1960  
U.S. AIR FORCE  
OFFICE OF THE  
JOINT CHIEFS OF STAFF  
WASHINGTON, D.C.