

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-078439
2. NAME OF OPERATOR Union Texas Petroleum Corp. -- Attn: Ken White		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 JF 15 - SEC 35-31N-9W JF 27 - SEC 12-30N-9W JF 23 - SEC 35-31N-9W JF 24 - SEC 12-30N-9W		8. FARM OR LEASE NAME Johnston Federal
14. PERMIT NO.		9. WELL NO. 15, 23, 24, & 27
15. ELEVATIONS (Show whether OF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 12 - 30 N-9W
		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"/>	PCLL 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)		NTL 4-A Applicat.	<input checked="" 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)			

(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.)*

To extract CO2 from the methane gas, a cellulose acetate membrane unit was installed to perform this function. In this process, the CO2 is vented to the atmosphere which contains approximately 10% methane gas vapors. The process is necessary to meet pipeline sales requirements. CO2 and methane are both non-regulated materials, so we are requesting approval of this venting process.

RECEIVED
SEP 12 1991
OIL CON. DIV.
DIST. 3

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

SIGNED Ken White

TITLE Reg. Permit Coord.

DATE 7-22-91

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

AUG 29 1991

John Skellern
AREA MANAGER

*See Instructions on Reverse Side

NMOCD