Form 3160-5 (November 1983) (Formerly 9-331)	UNITED STATES DEPARTMENT OF THE INTE BUREAU OF LAND MANAGEME	NT	Form approved.  Budget Bureau No. 1004-0135  Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.  SF-078818-A  6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this	DRY NOTICES AND REPORTS form for proposals to drill or to deepen or plu use "APPLICATION FOR PERMIT—" for such	ON WELLS g back to a different reservoir. a proposals.)	N/A
1. OIL GAS	THER.		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	OTHER	<del></del>	N/A 8. FARM OR LEASE NAME
Union Texas	Petroleum		USA
3. ADDRESS OF OPERATOR			9. WELL NO.
375 U.S. Hid 4. LOCATION OF WELL (R See also space 17 beloat At surface	ghway 64, Farmington, New Me Report location clearly and in accordance with a ow.)	xico 87401 ny State requirements.* RECEIVED	3 10. FIELD AND POOL, OR WILDCAT
930' FS	L & 830' FEL	SEP 04 1986	11. SEC., T., B., M., OR BLE. AND SURVEY OR ARMA
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	Section 23-T32N-R13W 12. COUNTY OB PARISH 13. STATE
		JREAU OF LAND MANAGEMENT ARMINGTON RESOURCE AREA	San Juan NM
16.	Check Appropriate Box To Indicate	Nature of Notice, Report, or C	Other Data
1	NOTICE OF INTENTION TO:	SUBSEQ	UBNT REPORT OF:
TEST WATER SHUT-O FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROPOSED OF proposed work. If nent to this work.)	MULTIPLE COMPLETE ABANDON* CHANGE PLANS  R COMPLETED OPERATIONS (Clearly state all pertivel) is directionally drilled, give subsurface before the complete the complete that t	Completion or Recomp	ALTERING CASING ABANDONMENT*  s of multiple completion on Well letion Report and Log form.) , including estimated date of starting any al depths for all markers and zones perti-
	xas Petroleum wishes to advi current operator and lease		
			<b>SEP 0</b> 5 1986
	SE OIL (	P 0 8 1986 COM. DIV.) DIST. 3	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO BY
18. I hereby certify that SIGNED	the foregoing is true and correct  TITLE	Permit Coordinator	DATE 8/29/86
(This space for Fede APPROVED BY CONDITIONS OF A	ral or State office use)  TITLE PPROVAL IF ANY:		DATE

\*See Instructions on Reverse Side