

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

215P

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 GAS WELL OTHER

2. NAME OF OPERATOR: Union Texas Petroleum Corp. ✓

3. ADDRESS OF OPERATOR: P.O. Box 2120, Houston, Texas 77252-2120

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface: 410 FNL & 850 FWL

5. LEASE DESIGNATION AND SERIAL NO.: NM-28098

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Federal 9

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: North Shugart, Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 9, 18S-31E

12. COUNTY OR PARISH: Eddy

13. STATE: NM

14. PERMIT NO: N/A

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3709' GR

RECEIVED

FEB 02 '88

O. C. D. ARTESIA, OFFICE

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) <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.)*

Amend proposed TD from 8750' to 9000'.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Reg. Permit Coordinator DATE 12-23-87
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side