

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE  
(Other Instructions  
verse side)

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re

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Milnesand Unit LC060978

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                       |  | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR  |  | Milnesand Unit         |
| 3. ADDRESS OF OPERATOR   |  | 8. FARM OR LEASE NAME  |
| UNION TEXAS PETROLEUM CORPORATION  |  | Jacobs Federal         |
| 1300 Wilco Building, Midland, Texas 79701  |  | 9. WELL NO.            |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface |  | 36                     |
| 10. FIELD AND FOOT, OR WILDCAT   |  | Milnesand (San Andres) |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA   |  | Sec. 18, T-8-S, R-35-E |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH   |
| R-3770   | 4251' DF                                       | Roosevelt              |
|  |  | 13. STATE              |
|  |  | New Mexico             |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Convert To Injection Well

X

(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. Pull 2 3/8" tubing, inspect and plastic coat internally.
2. Run plastic coated tubing w/Injection Packer set @ approximately 4500'.
3. Treat injection zone w/approximately 1000 Gal. clean sweep.
4. Place on water injection.

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

SIGNED

TITLE District Oper. Supt. Western

DATE July 19, 1971

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUL 22 1971

ARTHUR R. BROWN

DISTRICT ENGINEER

\*See Instructions on Reverse Side