

UNITED STATES N. M. GEOLOGICAL SURVEY
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYN. M. GEOLOGICAL SURVEY
SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 062178

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection	7. UNIT AGREEMENT NAME Milnesand (SA) Unit
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORP.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 1400 Wilco Bldg., Midland, TX 79701	9. WELL NO. 59
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1980' FEL	10. FIELD AND POOL, OR WILDCAT Milnesand (SA)
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OF AREA Sec. 13, T-8-S, R-34-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4260' GR	12. COUNTY OR PARISH Roosevelt
	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"/>	PULL 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) <input 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) <input checked="" type="checkbox"/> Convert to Injection	

(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 rods, pump and 2 3/8" tbg. and LD 2 3/8" tbg.
2. RIH w/work string and set Uni V treating pkr. @ 4480'.
3. Load backside to 500 psi and acidize down tbg. w/3000 gal. 15% NEFE
Avg. rate 5 BPM @ 1000 psi w/max. press. 1600 psi.
4. Ran 4 1/2" Baker Lok-set pkr. on 2 3/8" PL tbg. and set pkr. @ 4500'.
Tested tbg. in hole @ 2500#.
5. Hooked up wellhead, tested csg. to 500# - no loss in pressure.
6. Connected injection line and started injecting 3-18-83.

RECEIVED

11 1983

MINERALS ADMIN. SERVICE
ROSWELL, NEW MEXICO

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

SIGNED William A. HigginsTITLE Prod. Services Supr.DATE 4-8-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE APR 11 1983

AUG 23 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO

RECEIVED
AUG 25 1983
O.C.D.
HOEBS OFFICE