

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 type="checkbox"/> OTHER <u>WATER INJECTION WELL</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 062178</u>
2. NAME OF OPERATOR <u>UNION TEXAS PETROLEUM CORPORATION</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>1300 Wilco Building, Midland, Texas 79701</u>		7. UNIT AGREEMENT NAME <u>Milnesand Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit Letter "H", 1980' FNL &amp; 660' FEL</u>		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. <u>513</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4242' DF</u>		10. FIELD AND POOL, OR WILDCAT <u>Milnesand (San Andres)</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 24, T-8-S, R-34-E</u>
		12. COUNTY OR PARISH <u>Roosevelt</u>
		13. STATE <u>New Mexico</u>

16. 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 checked="" 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"/>	(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.)\*

1. MIRU continuous coil tubing unit w/jetting tool. Jet wash well w/wtr. to PBTD 4695'. (Circulate to clean up).
2. Pull coil tubing up to top of perms. @ 4622' and close flow back line.
3. Acidize well w/2500 gal. 15% HCl acid w/chemical retarder and iron sequestrers. After acidizing flush tubing w/10 bbls. of soda ash water to displace & neutralize well bore.
4. Let acid soak for 30 minutes. Wash back to PBTD using nitrogen while flowing well back to tank to clean up well.
5. Pull coil tubing and connect up injection tubing. Return well to water injection.

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

SIGNED <u>[Signature]</u>	TITLE <u>Sr. Prod. Analyst</u>	DATE <u>4-21-78</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

