

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		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		Milnesand Unit
UNION TEXAS PETROLEUM CORPORATION		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR		9. WELL NO.
1300 Wilco Building, Midland, Texas 79701		513
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT
Unit Letter "H", 1980' FNL & 660' FEL		Milnesand (San Andres)
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
R-3770	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	Sec. 24, T-8-S, R-34-E
	4242' DF	12. COUNTY OR PARISH
		Roosevelt
		13. STATE
		New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input style="width: 100%; height: 100%;" type="checkbox"/>	PULL OR ALTER CASING	<input style="width: 100%; height: 100%;" type="checkbox"/>
FRACTURE TREAT	<input style="width: 100%; height: 100%;" type="checkbox"/>	MULTIPLE COMPLETE	<input style="width: 100%; height: 100%;" type="checkbox"/>
SHOOT OR ACIDIZE	<input style="width: 100%; height: 100%;" type="checkbox"/>	ABANDON*	<input style="width: 100%; height: 100%;" type="checkbox"/>
REPAIR WELL	<input style="width: 100%; height: 100%;" type="checkbox"/>	CHANGE PLANS	<input style="width: 100%; height: 100%;" type="checkbox"/>
(Other)		WATER SHUT-OFF <input style="width: 100%; height: 100%;" type="checkbox"/> FRACTURE TREATMENT <input style="width: 100%; height: 100%;" type="checkbox"/> SHOOTING OR ACIDIZING <input style="width: 100%; height: 100%;" type="checkbox"/> (Other) <u>CONVERT TO INJECTION WELL</u> <input checked="" style="width: 100%; height: 100%;" 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. Pulled 2 3/8" tubing, inspect and plastic coat internally.
2. Ran plastic coated tubing w/Injection Packer set @ 4516'.
3. Treated injection zone w/800 Gal. Para-clean and 1200 Gal Oil sweep. Flushed w/20 Bbls. water.
4. Well ready for injection 9/10/71.

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

SIGNED

TITLE Operations Supt. Western Area DATE September 14, 1971

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

U. S. CLOUTIER - NAVY
H. S. NAVY - 1970