

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPI
(Other instructions
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Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
Milnesand Unit NM0231691
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 Milnesand Unit	
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701		9. WELL NO. 11	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter "N", 660' FSL & 1980' FWL		10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres)	
14. PERMIT NO. R-3770		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-8-S, R-35-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4243' GL		12. COUNTY OR PARISH Roosevelt	
		13. STATE New Mexico	

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) <u>CONVERT TO INJECTION WELL</u> <input checked="" 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 @ 4492'.
3. Treated injection zone w/530 Gal. Para-clean and 660 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

R. M. Larry

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