

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instructions
verse side)TE
reForm 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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

UNION TEXAS PETROLFUM CORPORATION

3. ADDRESS OF OPERATOR

1300 Wilco Building, Midland, Texas 79701

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

14. PERMIT NO.

R-3770

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4243' GL

7. UNIT AGREEMENT NAME

Milnesand Unit

8. FARM OR LEASE NAME

Government "J"

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

Milnesand (San Andres)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 5, T-8-S, R-35-E

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Convert To Injection Well

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
JUL 22 1971ARTHUR R. BROWN
DISTRICT ENGINEER