

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOL CAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 062178 N.M. 0231691

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. 12 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FWL | 10. FIELD AND POOL, OR WILDCAT San Andres |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-8-S, R-37-E |
| 15. ELEVATIONS (Show whether DP, RT, CR, etc.) N/A | 12. COUNTY OR PARISH Roosevelt |
| | 13. STATE N. M. |

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 COMPLETION <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input 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) Well Status <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) Status of Well - Temporary Abandoned
- (2) Date T.A. Commenced - 8-1-69
- (3) Future Plans - Field study now being undertaken
- (4) Date of Future Plans September 1, 1975.

FEB 1 1976

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

SIGNED

D. H. Perkins

TITLE Operations Supt.-Western

DATE 2-24-75

(This space for Federal or State Office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Jim Lewis