

COPY TO O. C. C.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 060978

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		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. 39	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 624' FWL		10. FIELD AND POOL, OR WILDCAT Milnesand San Andres	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-8-S, R-35-E	
15. ELEVATIONS (Show whether depth of well or depth of casing) 4247.5' KB		12. COUNTY OR PARISH Roosevelt	
		13. STATE New Mexico	

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HOBBS, NEW MEXICO

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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) <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. MIRUSU, install BOP - PU pkr., SN & Tubing string.
2. Set 2 3/8" x 4 1/2", 10.5# pkr. @ 4540'+. Pump 12 bbls. crude oil and 2 drums Tretolite converter (SP-221) and SION.
3. Pull equipment. GIH and latch onto fish and recover. Clean out rat hole to 4703'. Circ. hole w/2% KCL wtr.
4. Pull tools, PU pkr. SN and tbg. GIH, set pkr. @ 4550'.
5. Acidize w/1000 gal. 20% HCL and 40 gal. SP-205.
6. Pull equipment and run prod. tubing.
7. Test well, shot fluid levels.
8. Evaluate well for possible additional stimulation.

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

SIGNED *Clayd S. Handysell*
(This space for Federal or State office use)

TITLE Prod. Analyst

DATE 8/13/79

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED
SEP 4 1979
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side