

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

SUBMIT IN TRIPLIC.
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION</p> <p>3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter "M", 660'FSL & 625'FWL</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. LC-060978</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Milnesand Unit</p> <p>8. FARM OR LEASE NAME</p> <p>9. WELL NO. 315</p> <p>10. FIELD AND POOL, OR WILDCAT Milnesand San Andres</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-8-S, R-35-E</p> <p>12. COUNTY OR PARISH Roosevelt</p> <p>13. STATE New Mexico</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4243'KB</p>	

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 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. Pull rods & pump. Tag TD to check for fill & pull tubing.
2. Run 2 3/8" tubing & packer with by-pass valve.
3. Set packer at 4580' & test backside to 500 psi. Treat well with scale converter and remcver. Swab back fluid.
4. Reset packer at 4500'+ and acidize San Andres perfs 4640'-4705' with 2000 gals. 15% NeFe acid.
5. Run prodcution equipment and put well back on production.

RECEIVED

SEP 10 1980

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED Lloyd S. Houdyshell

TITLE Prod. Analyst

DATE 9/17/80

(This space for Federal or State office use)

APPROVED BY GEORGE H. STEWART

TITLE ENGINEER

DATE

SEP 19 1980

CONDITIONS OF APPROVAL, IF ANY: