

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COM.
SUBMIT IN TRIED.
(Other instructions on re-verse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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"/> <i>Inj Well</i>	5. LEASE DESIGNATION AND SERIAL NO. LC 060978
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1400 Wilco Bldg., Midland, TX 79701	7. UNIT AGREEMENT NAME Milnesand (SA) Unit
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	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 29
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4203' GL, 4313' KB	10. FIELD AND POOL, OR WILDCAT Milnesand
	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 20, T8S, R35E
	12. COUNTY OR PARISH Roosevelt
	13. STATE NM

RECEIVED BY
FEB 11 1987
O. C. D.
ARTESIA, OFFICE

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 COMPLETE <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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)*

Sept. 27, 1983 - 1. MIRUSU - removed wellhead and installed BOP.
2. Set CIBP on wireline @ 4587' and dumped 35' of Class "C" cement on top.
3. Ran in hole w/2 3/8" tbg. & displaced hole w/10# mud laden gel.
4. Placed 100' cement plug 2200' to 2100'.
5. Placed 100' cement plug 420' to 320'.
6. Removed BOP.
7. Placed 50' plug at surface - cut off csg and welded steel plate across casing.
Sept. 27, 1983 - 8. Set dry hole marker, cut off anchors and cleaned up location - WELL NOW P&A.

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

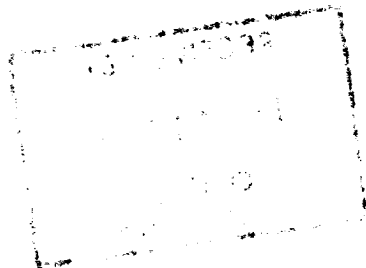
SIGNED *Peter W. Chester* TITLE Prod. Services Supr. DATE 10-5-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: Approved as to plugging of the well bore. Liability under bond is retained until surface restoration is completed.

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
FEB 9 1987
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA



RECEIVED
FEB 16 1987
OCD
HOBBS OFFICE