

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

NM000 - ARTESIA
NMOCC - H3333
BLM - SANTA FE

SUNDY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to different reservoirs.
Use "APPLICATION FOR PERMIT—" for such proposals.)

WELLS OFFICE, D. C. C.
JUL 30 11 38 AM '68

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION
3. ADDRESS OF OPERATOR 1300 Wilco Bldg., Midland, Texas 79701
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4065' DF

5. LEASE DESIGNATION AND SERIAL NO. NM-0155494
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Winkler-Federal
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Cato (San Andres)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-8S-30E
12. COUNTY OR PARISH Chaves
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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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) Pulled rods & tubing
- 2) Ran tubing with Packer and Bridge Plug. Bridge plug at 3369', Packer at 3235'.
- 3) Acidized P₁ (3262'-3288') and P₂ (3322'-3358') with 11,000 gal 28% acid in 5 stages suing mothballs as diverting agent.
- 4) Pulled tubing, packer & bridge plug.
- 5) Ran tubing & rods and returned well to producing status.

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

SIGNED R. H. Stover

TITLE Dist. Prod. Mgr.

DATE July 24, 1968

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

District Engineer