

N. M. DIC CONS. COMMISSION
UNITED STATES P. O. BOX 1980
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NEW MEXICO 88240
SUBMIT BY T-8240 AT
HOOPS NEW MEXICO
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.)

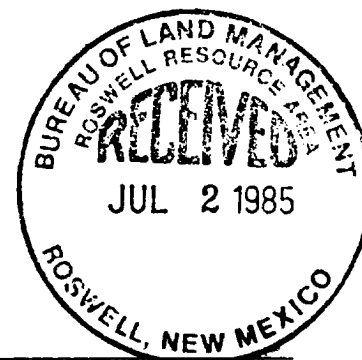
| | | |
|--|--|--|
| 1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. NM-142233 |
| 2. NAME OF OPERATOR Union Texas Petroleum Corporation | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 4000 N. Big Spring, Suite 500, Midland, Texas 79705 | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & WL, Section 17 | | 8. FARM OR LEASE NAME Baxter Federal |
| 14. PERMIT NO. | | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4120' DF | | 10. FIELD AND POOL, OR WILDCAT Cato |
| | | 11. SEC., T., R., M., OR BLE. AND, SURVEY OR AREA Sec 17, T-8-S, R-30-E |
| | | 12. COUNTY OR PARISH Chaves |
| | | 13. STATE NM |

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 type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | (Other) <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | XX | (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.) *

Union Texas is currently evaluating whether this well can be placed back on production or whether it should be plugged. The engineering evaluation should be complete by August 15. Following the evaluation, Union Texas must obtain partners approval and arrange for the appropriate contract personnel. This process should be complete by October 1st. A Sundry Notice detailing the proposed work will be forwarded by October 1st.



18. I hereby certify that the foregoing is true and correct
SIGNED Skirley S. Jones TITLE Engineering Analyst DATE 6-25-85
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:
APPROVED FOR 2 MONTH PERIOD
ENDING 10/5/85
*See Instructions on Reverse Side

