

N. M. OIL CONS. COMMISSION  
UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
P.O. BOX 1980  
TOLSON, NEW MEXICO 88240  
SUBMIT IN TRIPLICATE  
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 <u>Union Texas Petroleum Corporation</u></p> <p>3. ADDRESS OF OPERATOR <u>4000 North Big Spring, Suite 500, Midland, TX 79705</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' FSL &amp; 1980' FEL</u></p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM-014233 0142233</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Baxter Federal</u></p> <p>9. WELL NO. <u>2</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Cato</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 8, T-8-S, R-30-E</u></p> <p>12. COUNTY OR PARISH <u>Chaves</u></p> <p>13. STATE <u>NM</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4090' DF</u></p>	

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"/>	<u>XX</u>

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 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.) \*

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 Shirley A. 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 3 MONTH PERIOD  
ENDING 10/5/85

\*See Instructions on Reverse Side

