Form 9-331 (May 1963)		JNI D STATENTO F THE		SUBMIT IN TRIPLIC (Other instructions of verse side)	THE FORM ADDITIONAL AND INITIAL FOR
		EOLOGICAL S			NMO-142233
- SAM Do for use ti	NEW NOTI	CES AND RE	PORTS O	N WELLS ik ti) a wiente residiolisi	6. IF INDIAN, ALLOTTILL GRITLING NAM
I. OIL X GAS WELL WELL	OTHER				7. UNIT AGRESSMENT NAME.
2. NAME OF OPERATOR Union Texas Petroleum Corporation					S. Farm on nease name Baxter - Federal
3. ADDRESS OF OPERAT		Corporation			9. WELL NO.
1300 Wilco Building, Midland , Texas					3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL & 1980 FWL					Cato (San Andres)
					11. sec. T. R. M., on blik! AND SURVEY OR ARM 17-8S-30E
14. PERMIT NO.	4. PERMIT NO. 15. ELEVATIONS (4071 GR		now whether DF, R	T, GR, etc.)	12. COUNTY OF PARISH 12. STATE Chaves New Mewi
16.	Check Ap	propriate Box To	Indicate Na	ture of Notice, Report, c	or Other Data
	NOTICE OF INTENT	ION TO:	1	SUB	SEQUENT REPORT OF:
TEST WATER SHUT	r-off Pi	CLL OR ALTER CASIN	G	WATER SHUT-OFF	REPAIRING WOLK
FRACTURE TREAT		ULTIPLE COMPLETE		FRACTURE TREATMENT	AUTERING CALLING
SHOOT OR ACIDIZE REPAIR WELL	:	BANDON* HANGE PLANS		(Other) Perforat	asanbonment*
(Other)		TANGE PLANS		(Note: Report res	ults of multiple completion on Well empletion Report and Log form.)
nent to this work	.)* Set BP at 3 water into	310', pkr @ original pe:	3098'. F rfs. 3182-	oumped 300# wax be 216'. Treated wi	rited depths for all markers and some per eads and 8 BBLS of gollod th 3000 gals of 28% uniso Pumper 150% of wax boads
7/13 -	and 4 BBLS unisol acid Pulled pack stage 2000 Pumped 100#	of gelled from the second of gelled for and BP. gals 28% under the second of wax bears.	resh water W/3000 gal Set packe isol acid, is mixed W	r. Treated W/2nd s treated water. er @ 3312' and tre flushed W/2000 g J/3 BBLS gelled fr	stage of 3000 gals 28% stage of 3000 gals 28% stade perfs 3334-50'. 1st gals treated fresh water. each water. 2nd stage - 1/2000 gals treated fresh
7/14 -		ck on produc	ction		
18. I hereby certify th	at the foregoing is	true and correct	TITLE P	roduction Clerk	DATE 9/3/68
(This space for Fe	ederal or State office	e use)			
(This space for Fe	ederal or State office	e use)	TITLE		DACO

*See Instructions on Reverse Side

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