

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM0155494	
2. NAME OF OPERATOR Union Texas Petroleum Corp., a Div. of Allied Chemical		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1300 Wilco Bldg., Midland, Texas		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 660' FN&EL, Sec. 9, T-8-S, R-30-E		8. FARM OR LEASE NAME Winkler Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4065' DF (Est.)		10. FIELD AND POOL, OR WILDCAT Cato (San Andres)	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-8-S, R-30-E	
NOTICE OF INTENTION TO:		12. COUNTY OR PARISH Chaves	
SUBSEQUENT REPORT OF:		13. STATE N. Mexico	

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.) *	
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Spud 4:00 a.m. 5-5-67

5-6-67 TD 545' Set 8-5/8" OD 20# new casing at 539' and cmt'd w/ 300 sx Class C Incor by B. J. Service. Cement circ. WOC 24 hours. Tested 8-5/8" casing to 1000# for 30 mins. Tested Okay.

Reached TD 3500' on 5-10-67

5-11-67 TD 3500' Set 5-1/2" OD 14# J-55 used casing at 3500' and cmt'd w/ 150 sx Class C Incor and 150 sx 50-50 Incor Posmix by B. J. Service. Top of cement outside of 5-1/2" OD casing at 2390' by T.S. WOC 24 hrs. Tested 5-1/2" OD Casing to 1500# for 30 mins. Tested okay.

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

SIGNED Charles E. Spruill TITLE Office Supervisor

DATE 5-29-67

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side