

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
ROSBURG, NEW MEXICO 88240
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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Union Texas Petroleum Corporation</p> <p>3. ADDRESS OF OPERATOR 4000 N. Big Spring, Suite 500 Midland, TX 79705</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FWL</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-155494</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Winkler Federal</p> <p>9. WELL NO. 3</p> <p>10. FIELD AND POOL, OR WILDCAT Cato</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22, T-8-S, R-30-E</p> <p>12. COUNTY OR PARISH Chaves</p> <p>13. STATE NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4060' GL</p>	

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 checked="" type="checkbox"/>	(Other) <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 D. 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

APPROVED
PETER W. CHESTER
DATE JUL 5 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA