

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau NO. 1004-0135
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

NM 0174830

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Ultramar Oil and Gas Limited		8. FARM OR LEASE NAME Phillips Federal	
3. ADDRESS OF OPERATOR 16825 Northchase Drive, Suite 1200, Houston, Texas 77060		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 1850' FWL & 660' FEL of Section 18, NW 1/4 SE 1/4		10. FIELD AND POOL, OR WILDCAT Tobac-Pennsylvania	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4424 GR	
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:

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"/>	

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 checked="" 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.) *

11-20-85

Acidize well w/2000 gals 15% spearhead acid w/1 gal corrosion inhibitor. flushed w/1500 gals 2% KCL wtr. Avg press 6200# @ 5-1/2 BPM. Flowed well w/95% oil & hooked up test tank. Flowed 125 BO in 11 hrs & died. SD well to build press up.

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

SIGNED Patty L. Brandt

TITLE Engineering Technician

DATE 12-06-85

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

DEC 20 1985

*See Instructions on Reverse Side

RECEIVED

DEC 23 1985

O.C.D.
HOMES OFFICE