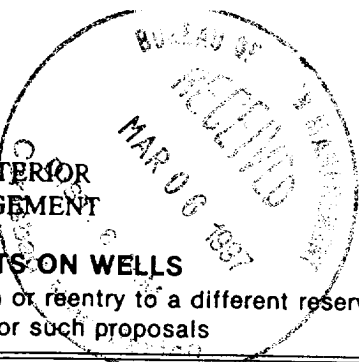


N.M. Oil Cons. Division
P.O. Box 1980 UNITED STATES
Department of the Interior
BUREAU OF LAND MANAGEMENT



SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Union Oil Company of California

3. Address and Telephone No.
P.O. Box 671 - Midland, TX 79702 (915) 685-7607

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1650' FNL & 1980' FEL
Sec. 35, T-19-S, 33-E

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM-9824

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Laguna Deep Unit Federal #

9. API Well No.
30-025-25886

10. Field and Pool, or Exploratory Area
East Gem Morrow (Gas)

11. County or Parish, State
Lea County, NM

12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

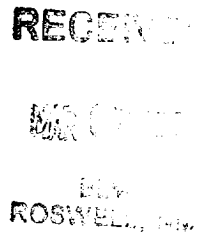
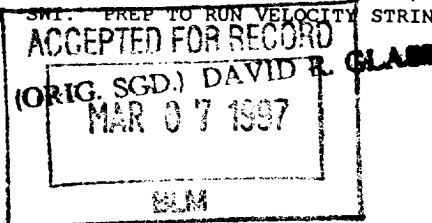
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Stimulate well w/ foamed acid & return to production</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

12-23-96 RU LUBRICATOR & SET BPV IN 2-7/8" TBG HANGER. REMOVE FAULTY BTM MASTER VALVE & REPLACE SAME W/ 2-9/16" SM CIW VALVE. PRO SLICKLINE RAN FISHING TOOL & REC 2.332" PLUNGER, BUMPER SPRING & TBG STOP @ 12,975' EOT. FL @ 10,600'. RU TREE SAVER & BJ. HELD SAFETY MTG. ACIDIZE MID MORROW PERFS 13,000-16' W/ 28 BBLs (2 TONS) CO2 PAD, 2400 GAL 50:50 - 15% HCL & METHANOL W/ 35% CO2 + (37) 1.3 BALLS. FLUSH W/ 78 BBLs (13.8 TONS CO2). PUMP @ 5 BPM FOAM RATE, 4920-4300-4580 PSI. HAD 280 PSI BALL ACTION. ISIP 2590 PSI, 5/1135, 10/906, 15/549 PSI. TLTR 58 BBLs. OPEN TO PIT ON 30/64" CHK W/ FTP 250-575-0 F/ 24 HRS. LEFT OPEN W/ LGT CO2 BLOW ONLY F/ 4 MORE HRS. NO FLUID REC. DROP 7 SOAP STICKS & SWION.

12-24-96 13 HR SITP 250 PSI. BLOW DOWN TO PIT ON 3/4" CHK. FTP 240-0 IN 30 MIN, MOSTLY CO2. LEFT OPEN F/ 2 HRS W/ NO WTR REC. 9/27/96 ON NEW AFE.



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

Signed Charlotte Leeson

Title Regulatory Clerk

Date 3-3-97

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

