

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

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"/>		3a. Area Code & Phone No. 713/968-3654		5. LEASE DESIGNATION AND SERIAL NO. NM-29831	
2. NAME OF OPERATOR Union Texas Petroleum Corp.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2120 Houston, TX 77252-2120				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 Unit letter H, SE NE, 660' FEL & 1980' FNL				8. FARM OR LEASE NAME Short Fuse Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3862 GR		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Young (Bone Spring) North	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T18S, R32E	
				12. COUNTY OR PARISH Lea	
				13. STATE NM	

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 checked="" type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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.)

Authorization is requested to perforate additional porous and permeable streaks within the existing Bone Spring formation. These additional perforations should improve completion efficiency of the Bone Spring and increase production by 80 BOPD and 72 MDFPD.

This will add perforations in the Bone Spring "D" Sand from 8962' to 9219'. Two nearby wells operated by Harvey E. Yates Co., the #2 Amoco "East-2" State and the #1 Shoot "12" Fed. have been completed in the "D" Sand interval. The "D" Sand makes less than 35 BWPD in these wells, and excessive water production is not expected in the Short Fuse Fed #1. The additional perforations will be commingled with the existing perforations, and the well will be placed back on production after fracture stimulation of the "D" Sand.

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

SIGNED <u>[Signature]</u>	TITLE <u>Regulatory Permit Coord.</u>	DATE <u>3/20/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>3 27 90</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side