			.		
Form 3160-5				l Budget	pproved. Bureau No. 1004-0135
(November 1983)	UNITED STA			Expires	August 31, 1985
(Formerly 9-331)	DEPARTMENT OF TH	IE INTERIO	JR verse side)	5. LEASE DES	IGNATION AND SBRIAL NO.
	BUREAU OF LAND M	ANAGEMENT	he a a .	LC-03162	21(a)
	DRY NOTICES AND		NI WELFECEIVED	6. IF INDIAN.	ALLOTTER OR TRIBE NAME
	DRY NOTICES AND F				
(Do not use this	form for proposais to drill or to d Use "APPLICATION FOR PERMI	T-" for such pro	possis.)		
Ī.			JAH 22 11 30 AM	IG 7. UNIT AORE	EMBRT NAME
WELL X GAB	OTHER		AULTE 11 20 AU	3	
2. NAME OF OPERATOR			CAR	8. FARM OR I	EASE NAME
Union Texas	Petroleum Corp. A	ttn. Kenl	White (713) 968-365	Ais Britt	
3. ADDRESS OF OPERATO			(1207500 500	D. WBLL NO.	
P. O. Box 21	20, Houston, Tx 77252	-2120		12	
1. LOCATION OF WELL (Report location clearly and in accor		tate requirements.*		D POOL, OR WILDCAT
See also space 17 bel At surface	0₩.)			Eumont (Jupph
					L. M., OR BLK. AND
330' ENL & 23	281' FWL Elmet	· •		Sec 7-20	OR ARMA
		· · · · · ·		560 7-20	J3-J7L
14. PERMIT NO.	5. ELEVATIONS !	Show whether DF.	RT, GR, etc.)	12. COUNTY (R PARISE 18. STATE
	3562'			top	NIM
	5502			Lea	NM
16.	Check Appropriate Box 1	lo Indicate No	ature of Notice, Report, o	or Other Data	
	NOTICE OF INTENTION TO :	1	AUR	SEQUENT REPORT OF	·:
		[·
TEST WATER SHUT-O	PELL OR ALTER CAS		WATER SHUT-OFF	L 19	PAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLET	E	FRACTURE TREATMENT	AL	TERING CASING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDISING		ANDONMENT [®]
REPAIR WELL	CHANGE PLANS			ck & Completinits of multiple co	
(Other)			Completion or Rec	ompletion Report an	d Log form.)
17. DESCRIBE PROPOSED OF proposed work. If	R COMPLETED OPERATIONS (Clearly so well is directionally drilled, give	tate all pertinent subsurface locatio	details, and give pertinent da ons and measured and true ve	tes, including estimation of the second s	aated date of starting any il markers and sones perti-
nent to this work.)				·	•••••
1 0 01 Dami		uhtur Dr.			
<u>1-9-91</u> Begiı	n operation, pulled t	ubing. Kai	n GR-IDI & GR-UNL	Log. Set C.	IBP @ 3195:
1 11 01 D		1			
	2871' to 3164' & aci				
packer @ 274	9', NU wellhead and p	ressure am	nutus to 500 PSI.	RUH W/IDG A	x PKr @ SN@3181
1 17 01 Uppl	ad up and to floulin	a ^e anonad			
	ked up csg to flowlin	y a openeu	10/04 CK, 75# FC	P, 50 # 5111	· Leitweil
flowing to sa	ales.				
			AOE		
			<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>		
18. I hereby certile that	the foregoing is true and correct		· · · · · · · · · · · · · · · · · · ·		·····
SIGNED	I'MULL	TITLE Re	gulatory Permit Co	ord.	1-18-91
				DATE.	
(This space for Fede	ral or State office use)				
		TITLE		DATE .	
CONDITIONS OF A	PPROVAL, IF ANY:			UAIN.	

*See Instructions on Reverse Side