

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instruct. on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0766
2. NAME OF OPERATOR UNION TEXAS PETROLEUM Ph: (713) 968-4474		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 <i>Unit A C</i> NE NW 330' FNL & 2310' FWL		8. FARM OR LEASE NAME Blocker
14. PERMIT NO. 30-025-11553		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3097'		10. FIELD AND POOL, OR WILDCAT Langlie Mattix SR-QN-GB
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T25S, R37E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Mechanical Integrity Test <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>	T & A.	(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.)*

CIBP set @ 3250' on 3/13/87. Casing was circulated with inhibited fluid.
Test to 520 psi on 5/8/91. Held OK. Request T&A status.



APPROVED FOR 12 MONTHS
ENDING 5-1-92

18. I hereby certify that the foregoing is true and correct		
SIGNED <i>Kenneth White</i>	TITLE Reg. Permit Coordinator	DATE 5/16/91
(This space for Federal or State office use) Orig. signed by <i>William S. Smith</i>		
APPROVED BY	TITLE	DATE 5/31/91
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

SRN

