Form 3160-5 November 1983) Formerly 9-331)	DEPARTI NT OF	THE INTERIO	SUBMIT IN LICATE (Other instruction on r verse side)	Budget Bureau Expires Augus 5. LEASE DESIGNATION NM-0766	No. 1004-0135 t 31, 1985	
Do not use this for	6. IF INDIAN, ALLOTTER OR TRIBE NAME					
I GAS - WELL -	7. UNIT AGREEMENT NAME					
2. NAME OF OPERATOR	8. FARM OR LEASE NA	8. FARM OR LEASE NAME				
UNION TEXA	Blocker					
3. ADDRESS OF OPERATOR	9. WBLL NO.					
P. O. BOX		3				
LOCATION OF WELL (Re	·					
See also space 17 below At surface		cordance with any Su	te requirements."	10. FIELD AND POOL, C		
	Langlie Mat	tix Shall				
	11. BBC., T., R., M., OB	11. BBC., T., B., M., OR BLE. AND SUBVEY OR AREA				
NW NW 330'	Sec. 13, T2	5S, R37E				
4. PERMIT NO. 15. ELEVATIONS (Show whether DF. HT. GR. etc.)				12. COUNTY OR PARISE	LI 18. STATE	
30-025-11555 3090'			Lea	NM		
d.	Check Appropriate Box	x To Indicate Nat	ure of Notice, Report, or	Other Data		
NO				ENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER C	SING	WATER SECT-OFF			
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING C.		
SHOOT OR ACIDIZE	ABANDON*	XX	SHOOTING OR ACIDIZING			
REPAIR WELL	CHANGE PLANS		(Other)			
	tegrity TEST	X	Note: Report results of multiple completion on Well			

DESCRIDE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and two 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 sones pertinent to this work.)*

HOBRS

- 1. Carlsbad BLM office will be contacted at least 24 hrs. prior to scheduled test. A BLM technician must be on location to witness all casing integrity tests.
- 2. An RBP will be set a maximum of 50° above open perforations, after all downhole production equipment is removed.
- 3. Casing will be circulated with inhibited fluid and tested to 500 psi for at least 15 minutes with a 10% allowable leak-off.

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18. I hereby certify that the foregoing is true and correct		
signed full with	TITLE Reg. Permit Coordinator	DATE
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY :	TITLE	DATE

*See Instructions on Reverse Side

RECENT

APR 1 7 1991

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