

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM-0766

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Union Texas Petroleum Corporation		8. FARM OR LEASE NAME Blocker	
3. ADDRESS OF OPERATOR 4000 N. Big Spring, Suite 500, Midland, TX 79705		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL & 750' FWL		10. FIELD AND POOL, OR WILDCAT Justis (Paddock)	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec.13, T25S, R37E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3085 GR	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 checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input 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) <u>Open Paddock Zone</u>	
(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.) *

9/ 18/84 MIRUSU. Pulled rods & pump, installed BOP, pulled tubing.

9/19/84 Ran in hole and set Model "G" RTBP @5025'. Tested casing & spotted 250 gal 15% acid.

9/20/84 Perforated casing 4925' to 4971' (14 holes). Acidized w/1000 gal 15% NE HCL.

9/23/84 RIH w/2-3/8" production tubing & set TA @ 4964', SN @ 4965'. Installed pump and rods. RDMOSU and cleaned up location.

9/24/84 Potential pumped 15 BOPD + 5 BWPD + 15 MCFGPD.

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

SIGNED [Signature] TITLE Regul. Compl. Coord. DATE 10/3/84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY _____

Calhoun

NEW MEXICO

*See Instructions on Reverse Side

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1-11-84

OCT 22 1984

OCS
HOMES OFFICE