

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-0766
2. NAME OF OPERATOR Union Texas Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701		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  330' FWL and 990' FNL		8. FARM OR LEASE NAME Blocker
14. PERMIT NO.		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3100' DF		10. FIELD AND POOL, OR WILDCAT Tubb - Justis (Blinebry Drinkard)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T-25, R-37E 13
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

## 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 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) Perf. & Frac Blinebry

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

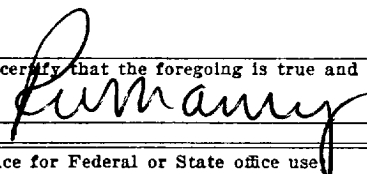
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Perforate lower Blinebry @ 5470, 5484, 5487, 5496, 5498, 5533, 5547, 5549, 5551, 5560, 5577, 5586, 5595, 5624, 5633, 5646, 5650, 5670, 5674, 5683, and 5686 w/ 1 hole. Acidize perforation w/1000 gal 15% acid. Frac. w/20,000 gal brine water w/sand content 1#/gal increasing to 2#/gal. Use rock salt in frac fluid.

Frac upper Blinebry perforation 5048', 5350' w/20,000 gal brine water, sand content 1#/gal increasing to 2#/gal. Spearhead treatment w/30 bbls Blinebry Crude Oil treated w/50 gal INC IMCO, control flow. Use rock salt in frac fluid.

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

SIGNED



TITLE Dist. Drilling Supt.

DATE 10/11/68

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

OCT 14 1968

\*See Instructions on Reverse Side

J L GORDON  
ACTING DISTRICT ENGINEER