| Form: 3160-5 (November 1983) (Formerly 9-331) | | | Form approved. Budget Bureau Expires August 5. LEASE DESIGNATION NM 0140978 | 31, 1985 |
|---|---|---|---|---------------------------------------|
| November 1983) UNTED STATES SUBAT, IN TELLICA Formeriv 0-331) DEPARTMENT OF THE INTERIOR verse lide; OR BUREAU OF LAND MANAGEMENT BUREAU OF LAND MANAGEMENT Or SUNDRY NOTICES AND REPORTS ON WELLS Page 40 "Union net use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals.) Page 40 "Union Texas Petroleum Corp. Attn: Ken E. White ADDREAR OF OPERATOR OTHER "Union Texas Petroleum Corp. Attn: Ken E. White ADDREAR OF OPERATOR OTHER "Union Texas Petroleum Corp. Attn: Ken E. White ADDREAR OF OPERATOR OTHER "Union Space 17 below.) Attn: Ken E. White Attrice 1980' FSL & 660' FEL, Unit letter I 1980' FSL & 660' FEL, Unit letter I 1000000000000000000000000000000000000 | | ON WELLS back to a different reservoir. proposals.) | 6. IF INDIAN, ALLOTTER | OR TRIBE NAME |
| 1. GAB WELL X WELL | OTHER | | 7. UNIT AORREMENT NA Langlie-Ja | |
| 2. NAME OF OPERATOR | | 8. FARM OR LEASE NAME | | |
| | | <u>ttn: Ken E. White</u> | | |
| 3. ADDRESS OF OPERAT | OR | 9. WELL NO. | | |
| 3. ADDRESS OF OPERATOR P.O. BOX 2120 Houston, TX 77252-2120 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | | 92 | |
| See also space 17 b | (Report location clearly and in accordance with an; elow.) | 10. FIELD AND POOL, OR WILDCAT | | |
| At surface | | | Langlie-Ma | ttix (Queen) |
| | | 11. SBC., T., B., M., OR BLK. AND SURVEY OR AREA | | |
| 1980 | ' FSL & 660' FEL, Unit letter | | | |
| | | Sec. 17-25S-37E | | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether D | F. RT. GR. etc.) | 12. COUNTY OR PARISH | 18. STATE |
| N/A | 3110_GR | | Lea | NM |
| 16. | Check Appropriate Box To Indicate I | Nature of Notice, Report, or C |)ther Data | |
| | NOTICE OF INTENTION TO: | SUBSEC | INT REPORT OF : | |
| TEST WATER SHUT | -OFF PULL OR ALTER CASING | WATER SHUT-OFF | BEPAIRING V | BLL |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CA | DAIR |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ABANDONME | |
| REPAIR WELL | CHANGE FLANS | | Tempororari | |
| (Other) | | | of multiple completion a action Report and Log for | |
| proposed work. | if well is directionally drilled, give subsurface loc | nt details, and give pertinent dates, ations and measured and true vertics | including estimated dat depths for all markers | e of starting any and mones perti- |
| | | | | ; |

11-1-88

- POH w/rod & pmp, release tbg anchor & install BOP. 1.
- POH w/production string. 2.
- GIH w/CIBP on production string & set CIBP @ 3268' w/10,000#. 3.
- 4.
- Pressure test casing to 500 psig surface pressure. Reverse circulate one annualr plug tbg volume of inhibited* packer fluid. 5. 0)111
- 6.
- POH w/production tbg & make sure hole is loaded w/packer fluid.* Or Remove BOP & install wellhead w/tapped bull plug, needle valve, & pressure gauge. 7. adapter.

*Fluid specifications

20 gal of unichem TH-606 per 100 BBL of fresh water.

| 8. I hereby certify that the foregoing is true and correct SIGNED | TITLE | Reg. Permit Co | ord. | DATE 11-1-89 |
|--|-------------|---------------------|------|--------------|
| (This space for Federal or State office use) | | <u> </u> | | |
| | TITLE | | | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | | | | |
| | | | | sjç |
| *S• | e Instructi | ons on Reverse Side | GAR | |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any faise, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NOV 8 1989 OCD HOBBS OFFICE

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