

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions
reverse 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 checked="" 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 2310' FSL & 2310' FEL		8. FARM OR LEASE NAME Carlson "A"	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3065' GL		10. FIELD AND POOL OR WILDCAT Blinebry	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-25-S, R-37-E	
		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) Plug Back in New Zone <input checked="" type="checkbox"/>	
(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.)*

1. Re-entered well & set CIBP @ 6700'.
2. Perforated Lower Permian (Abo) @ 6612'-17', 6568-71', 6526-28', 6422-26', & 6388-91'. (Total 22 holes)
3. Acidized Lower Permian (Abo) perfs 6388-6617', w/5000 gal. 15% NE HCL.
4. Abandoned Fusselman Zone by setting CIBP @ 6670' and dumped 20' of cement on top of the BP.
5. Set Baker Model "D" Pkr. w/Expendable plug @ 6200'.
6. Perforated Blinebry Zone w/1 JSPF, 5236-41', 5249-56', 5265-69', 5271-73', 5295-98', 5317-19', 5321-25', 5342-45', 5381-85', 5393-95'. (Total 46 Holes)
7. Set packer @ 5212' and acidized Blinebry Zone w/2000 gal. DS-30 Acid.
8. Sand frac. Blinebry Zone w/80,000 gal. Gelled 9# BW, 120,000# 20/40 sand.
9. Ran tubing & rods and tested Blinebry Zone.
10. Well is ready for production in the Blinebry Zone.

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

SIGNED

Stanley A. Post

TITLE Gas Measurement Analyst

DATE 9-4-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

