

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

P. O. BOX 1980  
HOBBS, NEW MEXICO 882

SUBMIT IN TRIPLICATE\*  
(Other instructions on 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 & 900' FEL Sec. 25, T-25-S, R-37-E	8. FARM OR LEASE NAME Carlson A
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3050 GL	10. FIELD AND POOL, OR WILDCAT Justis (Fusselman)
	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 NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input 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.)\*

3-20-84 MIRUSU, Installed BOP, POH w/pump and tubing. Ran GR/CLL 6857-6400'.  
Perforated 2 SPF 6722-38, 6744-53, 6754-68, 6796-6805, 6806-20 & 6825-32.

3-21-84 Acidized perforations 6722-6832 w/5000 gals 15% HCL NEFE.

3-22-84 RIH w/2 7/8" tbg and pump and set pump @ 6568. Removed BOP and RDMOSU.

3-29-84 P 159 BO + 881 BW + 96 MCFGPD.

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

SIGNED

*William H. Higgins*

TITLE

Regulatory Compl. Coord.

DATE

4-3-84

(This space for Federal use only)

ACCEPTED FOR RECORD

APPROVED BY

*GW*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 18 1984

\*See Instructions on Reverse Side

*Carlisle*, NEW MEXICO

RECEIVED

MAY 22 1984

O.C.D.  
HOBBS OFFICE