

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other Instructions on  
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER (Dual McKee & Fusselman)		5. LEASE DESIGNATION AND SERIAL NO. LC-054667
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  Unit Letter "J", 1980' FS&EL		8. FARM OR LEASE NAME Crosby Deep
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3010' DF	9. WELL NO. 3
		10. FIELD AND POOL, OR WILDCAT Crosby (McKee & Fusselman)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, 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:

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 checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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-enter well and pull McKee & Fusselman tubing. Re-run McKee tubing (open-ended) and swab test to evaluate productivity of McKee Zone.
- 2 - If McKee indicates additional productivity, proceed to work on Fusselman Zone. If McKee cannot be returned to production, pull tubing, packer and set CIBP @ 9620' and cap with 20' cement.
- 3 - Run tubing, packer and retrievable bridge plug and swab test Fusselman perfs. 8,657-8,668'. Acidize if necessary and re-test.
- 4 - Squeeze non-productive Fusselman perfs.
- 5 - Drill out cement and test perfs. - re-perforate 8418-25' with 2 JSPF.
- 6 - Swab test and if productive, frac w/10,000 gal. gelled plus 10,000# sand.
- 7 - Re-run single or dual equipment as required and place well back on production.

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

SIGNED Shirley A. West

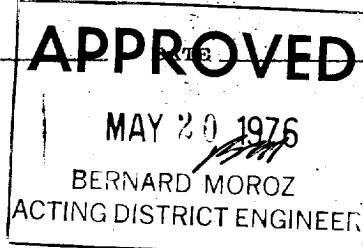
TITLE Gas Measurement Analyst

DATE 5-17-76

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_



\*See Instructions on Reverse Side