

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLE
(Other instructions
reverse side)

E*
re-

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY U.S.D.C.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back a well or to alter a reservoir.
Use "APPLICATION FOR PERMIT" (Form 9-332) for such purposes.)

| | | | |
|---|--|--|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Union Texas Petroleum Corporation | | 8. FARM OR LEASE NAME Stuart | |
| 3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas | | 9. WELL NO. 6 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 2310' FWL | | 10. FIELD AND POOL, OR WILDCAT Justis | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3170 | |
| | | 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 COMPLETION <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) Squeeze, perf. & frac <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 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 markets and zones pertinent to this work.)*

- (1) Squeeze Blinbry & Tubb-Drinkard perfs.
- (2) Perf. Upper Tubb-Drinkard w/1 jet @ 5852', 56, 82, 5925, 31, 38, 48, 60, 69 & 80.
- (3) Perf. Blinbry w/1 hole @ 5114, 24, 28, 38, 46, 60, 76, 84, 5204, 08, 14, 24, 34, 42, 54, 66, 75, 82, 5313, 73, 5407, 13, 18, 31, 40, 61, 90, 5530, 40, 57, 69, 96, 5612, 22, 30, 58, 72, 76.
- (4) Frac w/100,000 gals. gelled 9# brine water w/1 1/2# sand/gal. using 10,000 to 20,000 gal. stages & rock salt blocking material.
- (5) Put well back on production.

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

SIGNED

R. M. Mandy

TITLE

District Drlg. Supt.

DATE

6-16-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



*See Instructions on Reverse Side