

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
NM-12036

7. Lease Name or Unit Agreement Name

Two States Stuart

8. Well No.

9. Pool name or Wildcat

Justis Blinberry

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

2. Name of Operator

UNION TEXAS PETROLEUM CORPORATION

3. Address of Operator

P. O. BOX 2120 - HOUSTON, TX 77252-2120

4. Well Location

Unit Letter L : 990 Feet From The West Line and 2310 Feet From The South Line

Section 11 Township 25-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3128 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. ND wellhead. NU BOP. POH with 2-3/8" 4.7# J-55 production tubing.
2. RU wireline unit. RIH with gauge ring to 5240'. Production casing is 4-1/2" 9.5 & 10.5#. POH with gauge ring. RIH with CIBP on wireline. Set CIBP at 5200'. POH with wireline. RD wireline unit.
3. TIH with tubing and circulate inhibited fluid. Casing volume is 85 Bbls. Close BOP and pressure test casing to 500 psig. Hold for 30 minutes.
4. POH and lay down production tubing.
5. ND BOP. NU wellhead. Leave one joint of tubing in wellhead.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

[Signature]

TITLE

REGULATORY PERMIT COORDINATOR

DATE 4/4/91

TYPE OR PRINT NAME

TELEPHONE NO. 713-968-3654

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

[Handwritten notes]
APR 11 1991
AS FOLLOWS: ...