.c COPIES RECEIVED		
TRIBUTION		
FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State ☐   Fee ☒

5. State Oil & Gas Lease No.

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.
OIL WELL ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator

UNION TEXAS PETROLEUM CORPORATION

8. Farm or Lease Name
Sunray

3. Address of Operator

1300 Wilco Building, Midland, Texas 79701

9. Well No.
1

4. Location of Well

UNIT LETTER __K__, __1980__ FEET FROM THE __South__ LINE AND __1980__ FEET FROM

THE __West__ LINE, SECTION __26__ TOWNSHIP __25-S__ RANGE __37-E__ NMPM.

10. Field and Pool, or Wildcat
Justis Blinebry

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER __Plug Back & Recomplete__ ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER _____ ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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. RU & re-enter well. Run 2 7/8" work string w/4½" EZ drill SV retainer and set at an approximate depth of 5250'.
2. Squeeze Blinebry perfs. 5288 to 5779' w/200 sx. Class "C" cmt. When squeeze obtained, pulled out of retainer and cap w/35' of cmt.
3. Log well from 3500'-2000'.
4. Perforate Penrose portion of the Queen Zone.
5. Set packer at 3150' and frac. w/15,000 gals. of gel. 2% KCL wtr. and sand tagged w/RA material (Determine zone of treatment).
6. Swab test to evaluate Penrose.
7. Perforate upper Queen Zone.
8. Set RBP @ 3175' and frac Queen w/15,000 gal. of gelled 2% KCL wtr. & sand tagged w/RA material. (Determine zone of treatment).
9. Swab test to evaluate.
10. If well is productive, run tubing rods and pump.
11. Place well on production.

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

SIGNED ___[signature]___   TITLE __Gas Measurement Analyst__   DATE __7-27-76__

Orig. Signed by
Jerry Sexton

APPROVED BY __Dist. 1, Supv.__   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: