

COPY TO O. C. C.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC 034117 (b)
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 "N", 330' FSL & 1980' FWL		8. FARM OR LEASE NAME Crosby Deep
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3006' GL		10. FIELD AND POOL, OR WILDCAT Crosby (Fusselman)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, 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 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.)*

1. October 12, 1978, MIRUSU - Put on BOP - Pulled tubing apart while putting on BOP. Spent 6 days fishing tubing.
2. October 18, 1978, released packer & POH. WIH w/casing scraper & tubing.
3. October 19, 1978, ran Baker BP to 8762'. Set BP - Pulled bottom of tubing up to 8732'.
4. October 20, 1978, tested BP to 1000#. Spotted 75 gal. 15% acid across perfs. & POH. RU McCullough & perf'd from 8734-8746 w/1 JSPF. WIH & set packer @ 8666'.
5. October 21, 1978, RU swab unit & started swabbing.
6. October 23, 1978, RU BJ & acidized w/500 gal. 15% acid.
7. October 27, 1978, unset Baker packer-went down & retrieved BO - POH. RU CRC wireline & set Mercury Model "K" cement retainer @ 8760'. Trip in hole w/Guiberson Uni-Pkr. V to 8761' & set.
8. October 31, 1978, swabbed well in and returned to production.

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

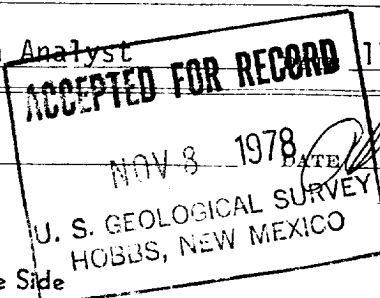
SIGNED R. B. [Signature]
(This space for Federal or State office use)

TITLE Production Analyst

11-7-78

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side