

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 0766

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 type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION		8. FARM OR LEASE NAME Carlson "A"	
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT Justis Blinebry	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit Letter "I", 1650' FSL & 330' FEL		12. COUNTY OR PARISH Lea	
14. PERMIT NO.		13. STATE New Mexico	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3070' DF			

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) Perforate Upper Blinebry ☒

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 markers and zones pertinent to this work.) *

1. RU & re-enter well and pull rods & tubing.
2. Perforate Upper Blinebry Zone with 2 JSPF from 5042 to 5170'.
3. Straddle new perforations (5042-5170') and treat with 6000 gallons 15% HCL NE acid.
4. Run tubing and rods and place well back on production.

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

SIGNED Stanley A. Kist

TITLE Gas Measurement Analyst

DATE 9-22-76

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

SEP 24 1976

BERNARD MOROZ

DISTRICT ENGINEER

*See Instructions on Reverse Side