

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



RECEIVED

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

SUNDRY NOTICES AND REPORTS ON WELLS **AUG 21 1986**

(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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION & SERIAL NO. Fee
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4000 N. Big Spring, Ste. 500, Midland, TX 79705		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 SW/4, NE/4 (1800' FNL & 2040' FEL) At proposed prod. zone		8. FARM OR LEASE NAME Hamil Brothers
14. PERMIT NO. 81 1158		9. WELL NO. 18-1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3990' KB, 3980' GL		10. FIELD AND POOL, OR WILDCAT Hamil Ranch
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T9N, R52W
		12. COUNTY Logan
		13. STATE Colorado

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

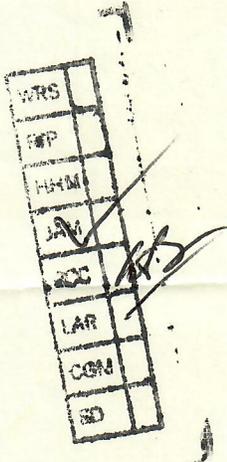
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		(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.)

18. Date of work _____

* Must be accompanied by a cement verification report.

SI gas well, has not produced since operator of this well changed from Enstar to Union Texas on November 14, 1984.



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

SIGNED *Edw White* TITLE Reg. Permit Coord. DATE 8-19-86

(This space for Federal or State office use)

APPROVED BY *G. A. ...* TITLE SUPR. PETROLEUM ENGINEER DATE AUG 22 1986
Oil & Gas Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: