

Form 3160-5  
(November 1983)  
(Formerly 9-331)

N. M. OIL CONS. COMMISSION  
P.O. BOX 1100

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side) 82240

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-031621-B
2. NAME OF OPERATOR Union Texas Petroleum Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2120 Houston, TX 77252-2120		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 1650' FML & 330' FSL Unit N		8. FARM OR LEASE NAME Britt "B"
14. PERMIT NO. N/A	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3545' DF	9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT Eunice Monument GB/8A
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5-20S-37E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	Temporarily
(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.)\*

9-9-89 - Set RBP @ 3093' RU pump truck - loaded hole w/55 BW & pressured to 500# Held 30 Min. O.K. POH w/tbg to 3063'. Pmpd 200# 20/40 sand and 18 BW down tbg. Circ. hole w/75 bbls pkr fluid. Completed hole w/6 bbls. pkr fluid. Installed wellhead. Well now T & A.

RECEIVED  
SEP 20 8 05 AM '89

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Reg. Permit Coord. ACCEPTED FOR RECORD DATE 9/20/89

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SEP 27 1989  
CONDITIONS OF APPROVAL, IF ANY PERIOD  
ENDING 10-1-90  
CARISBAD, NEW MEXICO

RECEIVED

SEP 29 1989

OCD  
MOBBS OFFICE