

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructio
on re-

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-031621-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. WELL TYPE
OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H.B. Britt "A"

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Eunice Monument GBSA

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA

Sec. 6-20S-37E

12. COUNTY OR PARISH 13. STATE

Lea NM

2. NAME OF OPERATOR

Union Texas Petroleum Corp. Attn: Ken E. White

3. ADDRESS OF OPERATOR

P.O. Box 2120 Houston, TX 77252-2120

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2310' FSL & 2279' FWL

14. PERMIT NO.

N/A

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

3573 DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

Abandonment procedure approved 11/88. Request 1 year extension.

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12
10/31/89

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

SIGNED Ken E. White

TITLE Reg. Permit Coord.

DATE 11/6/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 11/12/89

*See Instructions on Reverse Side

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