

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

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 GAS WELL OTHER

2. NAME OF OPERATOR
UNION TEXAS PETROLEUM CORP.

3. ADDRESS OF OPERATOR
P.O. BOX 2120, HOUSTON, TEXAS 77252-2120

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1650' FWL & 330' FSL

5. LEASE DESIGNATION AND SERIAL NO.
LC-031621 -B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
BRITT "B"

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
EUNICE MONUMENT GB-SA

11. SEC., T., R., M., OR BLK. AND SUBSTY OR AREA
SEC. 5-20S-37E
Eumont
Y-SR-QU

12. COUNTY OR PARISH
LEA

13. STATE
NM

14. PERMIT NO.
N/A

15. ELEVATIONS (Show whether DF, WT, OR, etc.)
3545' 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 PLANE

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 ATTACHED.

RECEIVED
AUG 19 11 47 AM '88
CARLSBAD DISTRICT OFFICE
AREA HEADQUARTERS

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

SIGNED [Signature] TITLE REGULATORY PERMIT COORDINATOR DATE 08/17/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 9-7-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side