

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

031621-A

6. IF INDIAN, ALLIANCE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bristle A

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Monument Paddock

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 6-20S-37E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

1.

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR

1300 Wilco Bldg. Midland, Texas, 79704

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

990' FSL & 2280' FWL Sec. 6-20S-37E

14. PERMIT NO.

15. LOCATING CODE (SEE LE, RE, OR BE)

5568' DP

16.

Check Appropriate box To indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

OTHER Perforate Paddock Zone

(Other)

Perforate Paddock Zone

(Submit report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS, clearly state pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give survey data, locations and measured and true vertical depths for all markers and zones pertinent to this work.*

The following program is proposed for recompletion of the captioned well

- (1) Pull rods and tubing
- (2) Set Baker CI Bridge at 5250' (above Blinebry perforated interval).
- (3) Perforate Paddock, 2 jets/ft. 5190-5200, 5206-5210
- (4) Run tubing with packer, swab test
- (5) Acid or frac treatment contingent on result of swab test. Possible additional perforations 5218-5228

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

SIGNED

[Signature]

TITLE District Superintendent

DATE October 4, 1965

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

[Signature]
DISTRICT ENGINEER