

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructor 1 re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Las Cruces 031621-4

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to open or plug back to a different reservoir.  
Use "APPLICATION FOR PERMITS" for such proposals.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Union Texas Petroleum Corporation		8. FARM OR LEASE NAME Britt
3. ADDRESS OF OPERATOR 1300 Wilco Bldg., Midland, Texas		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL and 1980' FWL		10. FIELD AND POOL, OR WILDCAT Monument Grayburg
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3554 DF	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7 T-20S R-37E
		12. COUNTY OR PARISH Lea
		13. STATE New Mex.

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 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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)\*

Workover Started 10/26/65 Workover Completed 11/10/65  
 Set Baker CIBP at 3730' above old perf. at 3765-3770. Tested BP 2500# OK.  
 Perforated 3698-3704 with 4 jets/ft. Swbd. dry. Acidized with 500 gals. 15% acid. Swabbed well then flowed 250 BF/12 hrs., 98% water. Killed well. Set BP at 3680'. Tested BP 3000# OK. Perforated 3656-3660' with 4 jets/ft. Set pkr. at 3620'. Acidized with total of 650 gals. 15% acid. Swbd. and flowed 213 BW/18 hrs. with trace oil. Set CI retainer at 3616'. Squeezed perf. 3656 to 3660' with 44 sm. cement. 3000 psi. CO to 3616. Perforated 3567-3572' with 4 shots/ft. Ran tbg. with pkr. set at 3530'. Swbd. dry. Acidized with 500 gals. 15% acid. Swbd. load. Well flowed 600 MCF gas/day, trace wtr. and oil. Killed well. Pulled tbg. Reran tbg. with Baker Model A pkr. at 3531'. Swbd. dry. Acidized with 500 gals. 15% oil. Flowed 650 MCF/day, trace water and oil.

18. I hereby certify that the foregoing is true and correct  
SIGNED *L.H. Stover* TITLE Production Superintendent DATE 11-18-65

(This space for Federal or State office use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: