

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Britt

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Monument GA 34

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

Sec. 7-20S-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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.

Attn: Ken E. White

3. ADDRESS OF OPERATOR

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

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

660' FNL & 1980' FEL

14. PERMIT NO.

N/A

15. ELEVATIONS (Show whether OF, RT, CR, etc.)

3565 GL

12. COUNTY OR PARISH

Lea

13. STATE

NM

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 COMPLETION ☐

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.

RECEIVED

APPROVED FOR 12 MONTHS
ENDING 10/31/90

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

TITLE

DATE

11-13-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side