

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMP
OF COPIES REQUIRED
(Other instructions on re-
verse side)

RIM Roswell District
Modified Form No.
MD60-3160-4

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME XG-MKH	
2. NAME OF OPERATOR Union Texas Petroleum Corp.		3a. Area Code & Phone No. (713)968-3654	
3. ADDRESS OF OPERATOR P.O. Box 2120 Houston, TX 77252-2120		8. FARM OR LEASE NAME Britt	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FEL & 2310 FSL		9. WELL NO. 13	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Eunice Monument GA-8A	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3552' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7-20S-37E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Shut-in status <input checked="" 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.)*

We request shut-in status for this well, which is depleted and no longer produces. The Britt 12 is still producing on this lease. Shut-in is requested pending partner approval to permanently abandon and further evaluation.

RECEIVED
MAR 12 11 14 AM '90
GARY
ANDERSON

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

SIGNED <u>[Signature]</u>	TITLE <u>Regulatory Permit Coord.</u>	DATE <u>3-7-90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>3-23-90</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side