

Form 331
(May 1963)

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NOV 14 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM DIE CONS. COMMISSION

Drawer DD

Artesia, NM T86210
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-046153A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Miller Federal 33 *Federal*

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Tom-Tom (San Andres)

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

Sec 33, T7S, R31E

12. COUNTY OR PARISH 13. STATE
Chaves NM

1. OIL ☐ GAS ☐
WELL WELL OTHER TA

2. NAME OF OPERATOR

Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR

4000 N. Big Spring, Suite 500, Midland, Tx 79705

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

990' FEL & 990' FSL

14. PERMIT NO.

API 30-005-20890

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4292.0

16. 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 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.)*

We are requesting permission to temporarily abandon this well. We do not wish to plug this well since it is a new well. We anticipate future use as a disposal well. We are currently evaluating this situation and need your permission for TA authority.

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

SIGNED

Law White

TITLE Regulatory Administrator

DATE 9-4-85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR — MONTH PERIOD

ENDING FEB 8 1986

APPROVED

TITLE PETER W. CHESTER

DATE

NOV 12 1985

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT

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NOV 19 1985
O.C. 11
HQB'S OFFICE