

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

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 "A"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Monument (Grayburg-SA)

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

Sec. 6, T-20-S, R-37-E

12. COUNTY OR PARISH
Lea

13. STATE
NM

Unit Letter "N", 1980' FWL & 660' FSL

14. PERMIT NO.

30-025-05966

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

3575' DF

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other) CASING INTEGRITY TEST

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.)

HOBBS

1. Carlsbad BLM office will be contacted at least 24 hrs. prior to scheduled test. A BLM technician must be on location to witness all casing integrity tests.

2. An RBP will be set a maximum of 50' above open perforations, after all downhole production equipment is removed.

3. Casing will be circulated with inhibited fluid and tested to 500 psi for at least 15 minutes with a 10% allowable leak-off.

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

SIGNED

TITLE Reg. Permit Coordinator

DATE 4-4-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side