

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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" Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Eumont Queen Gas

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
New Mexico

1. OIL
WELL ☐ GAS
WELL ☒ OTHER

2. NAME OF OPERATOR

Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR

1300 Wilco Building, Midland, Texas 79701

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

At surface

1980' FSL & 1980' ~~FEEL~~ ^{FULL}

14. PERMIT NO.

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

3582' DF

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) Well Status ☒

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.)*

(1) Status of Well - Temporarily Abandoned.

(2) Date T.A. Commenced - May 30, 1974.

(3) Future plans - Study for possible same zone or new zone work over.

(4) Date of Future plans - September 1, 1975.

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

SIGNED

D. H. Pickering

TITLE Asst. Dist. Prod. Manager

DATE 1-13-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE