

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR (CATE*
(Other instructions on re-
verse side)

Subject Office NO. 1004-0133
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 A

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Monument Paddock

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

Sec. 6-20S-37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Union Texas Petroleum Corp.

3. ADDRESS OF OPERATOR

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

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

990' FSL & 2280' FWL (SESW Sec. 6)

14. PERMIT NO.

30-025-05969

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

3575 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) Add perfs in paddock

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

X

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.)*

Workover to recomplete additional paddock intervals. Procedure attached.

RECEIVED

DEC 13 11 03 AM '87

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

SIGNED

John White

TITLE Reg. Permit Coordinator

DATE 12/22/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 2-2-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side