

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill, 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"/>		5. LEASE DESIGNATION AND SERIAL NO. 031621-A	
2. NAME OF OPERATOR Union Texas Petroleum		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1300 Wilco Building - Midland, Texas		7. UNIT AGREEMENT NAME	
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 Sec. 6 - 20S - R - 37E		8. FARM OR LEASE NAME Britt A	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Lea		10. FIELD AND POOL, OR WILDCAT Monument Paddock	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6-20S-R-37E	
		12. COUNTY OR PARISH Lea	
		13. STATE N. Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	Recomplete in Paddock		
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (If any 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.)*

Pulled tubing. Ran 5-1/2" Baker CIBP on wire line, set at 5270'. Perforated Paddock 5190-5200', 5203-5210', w/2 jets/ft. Ran tbg. w/pkr. Tested BP w/2000# OK. Set pkr @ 5130'. Then acidized w/850 gal. acid. re-treated w/4000 gal. XFW-15%. After re-covering load oil swabbed 2BF/hr cut 60%. Perforated 1 hole each at 5154, 5152, 5150, 5148, 5146, 5144, 5143, 5142. Treated perfs w/500 gal. BDA. After recovering load fluid, swbd. 1.35 BF/hr, 95% wtr. (upper perf). Fraced all perfs. w/20000 gal. refined frac oil, 1/40# adomite, 4000# 20/40 sand. Swbd. 237 BF and placed on pump. After recovery of load oil pumped 4380/24 hrs, 78% wtr.

WO started 10/7/65
WO completed 10/24/65

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

SIGNED K. L. Gordon TITLE District Superintendent DATE Oct. 28, 1965

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT SUPERINTENDENT