16.

ATES SUBMIT IN TRIPLICATES (Other Instructions reverse side)

Budget Bureau No. 42-R1424.

Lea

New Mexico

GEOLOGICAL SURVEY	LC 031621 (4)
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.)	6. IF INU!AN, ALLOTTEE OR TRIBE NAME
OIL X GAS OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION	8. FARM OR LEASE NAME. H. H. Britt "A"
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	Monument Paddock 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
2279/W -330' FEL & 840' FSL 14 PERVIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	Sec. 6, T-20-S, R-37-E

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

NOTICE OF INTENTION TO:			SUBSEQUENT REFORT OF:		
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF REPAIRING WELL	7
FRACTCRE TREAT	<u></u>	MULTIPLE COMPLETE		FRACTURE TREATMENT ALTERING CASING	-
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACHIZING ABANDONMENT*	$\frac{1}{x}$
REPAIR WELL	L	CHANGE PLANS		(Other) Well Scalus (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	21
(Other)				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.
 - June, 1968 (2) Date T.A. Commenced -

3568' DF

- (3) Future Plans Study for possible new zone workover.
- (4) Date of Future Plans September 1, 1975.

18. I hereby certify that the foregoing is true and correct		3.5
SIGNED	TITLE Asst. Dist. Prod. Manager	DATE 1-13-75
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE