

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
Las Cruces 031621 (A)

6. IF INDIAN, ALLOTTED OR TRIBE NAME

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.)

OCT 26 11 45 AM '65

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Union Texas Petroleum Corporation		8. FARM OR LEASE NAME Britt
3. ADDRESS OF OPERATOR 1300 Wilco Bldg., Midland, Texas		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL and 1980' FWL, Section 7 T20S R37E, NMPM, Lea County, New Mexico		10. FIELD AND POOL, OR WILDCAT Monument-Grayburg
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7-T20S-R37E NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3554 OF		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

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 COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☐

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.)*

Proposal is made to recomplete in higher section of Grayburg formation.
Proposed procedure as follows -

- (1) Set CI Retainer at approx. 3730
- (2) Squeeze perf. 3765-3770
- (3) Perforate 3698-3704
- (4) Run tbg. w/pkr. Swab test natural. Acidize w/500 gal. if stimulation is necessary
- (5) If interval 3698-3704 is water productive, squeeze and perforate 3657-3660
- (6) Repeat test procedure (4)

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

SIGNED

[Signature]

Assistant District
Production Superintendent

DATE Oct. 22, 1965

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

