Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.
LC-031621 -7A

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 INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
UNION TEXAS PETROLEUM CORP.

8. FARM OR LEASE NAME
BRITT

3. ADDRESS OF OPERATOR
P.O. BOX 2120 , HOUSTON, TEXAS 77252-2120

9. WELL NO.
2

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

660 FNL & 1980 FWL

10. FIELD AND POOL, OR WILDCAT
EUNICE MONUMENT -GB SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC.7-20S-37E

14. PERMIT NO.
N/A

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3548 GR

12. COUNTY OR PARISH
LEA

13. STATE
NM

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*	[X]
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.)*

ABANDONMENT PROCEDURE ATTACHED.

RECEIVED

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

SIGNED _____

TITLE REGULATORY PERMIT COORDINATOR DATE 08/17/88

(This space for Federal or State office use)

APPROVED BY _____ CHIEF, MINERAL RESOURCES TITLE _____ DATE 11-21-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side