TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

UNITED STATES

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBMIT IN TRIPLICATE.

Form approved. Eudget Bureau No. 42-R1424.

ALTERING CASING

ABANDONMENT*.

NOTICE OF INTENTION TO:		SEQUENT REPORT OF:
16. Check	Appropriate Box To Indicate Nature of Notice, Report, o	r Other Data
•••	3565' DF	Lea New Mexico
660' FNL & 1980' FE	15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH 13. STATE
		Sec. 7, T-20-S, R-37-E
,		SURVAY OR AREA
At surface		Monument <u>Fumont</u> 11. sec., T., R., M., OR BLK. AND
1300 Wilco Building Midland Texas 79701 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)		
		10. FIELD AND POOL, OR WILDCAT
3. ADDRESS OF OPERATOR		
UNION TEXAS PETROLEUM CORPORATION		Britt
2. NAME OF OPERATOR		
OIL CAS OTHER		S. FARM OR LEASE NAME
1.		7. UNIT ACREEMENT 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.)		
	GEOLG J. JAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
DEPAR	MENT = THE INTERIOR (Other Institutions of	LC 031621 (a)
(May 1963)	FAITHT ST THE INTEDIOD TOTAL SINAL	5. LEASE DESIGNATION AND SERIAL NO.

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) REPAIR WELL 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.)* (Other)

WATER SHUT-OFF

PRACTURE TREATMENT

SHOOTING OR ACICIZING

(Other) Well Status

- (1) Status of Well Temporarily Abandoned.
- (2) Date T.A. Commenced August 31, 1972.
- (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 Asst. Dist. Prod. Manager DATE . SIGNED (This space for Federal or State office use) DATE APPROVED BY . CONDITIONS OF APPROVAL, IF ANY: