

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY HUBBS OFFICE O.C.C.

SUBMIT IN TRIP  
(Other instruction  
verse side)

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re

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 031621-a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Britt

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

Monument Blinebry

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 7, 20-S, 37-E

12. COUNTY OR PARISH

Lea

18. STATE

New Mex.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to different formation.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR

1300 Wilco Bldg., Midland, Texas

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

At surface

1650' FNL & 1650' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3565 DF

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\*

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 perti-  
nent to this work.)\*

Squeezed perfs. 5640-90' w/75 sx. cmt. Tested squeeze w/1000#, OK. Drld.  
cmt. 5576-5660'. Perf. 5642-48' w/4 jets per ft. Set packer at 5590'.  
Swbd. dry. Acidized w/4500 gals. Installed pumping equipment. Pumped  
14 BO plus 200 BWPD.

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

SIGNED

TITLE

Office Supervisor

DATE

12-2-66

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

DEC 5 1966

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER