

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other industry use on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-031621-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

XC-MKH

8. FARM OR LEASE NAME

Britt

9. WELL NO.

13

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

1. WELL ☒ GAS ☐
WELL ☐ WELL ☐ OTHER

2. NAME OF OPERATOR

UNION TEXAS PETROLEUM

Ph: (713) 968-3654

3. ADDRESS OF OPERATOR

P. O. BOX 2120 HOUSTON, TX 77252-2120

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

1650' FEL & 2310' FSL

14. PERMIT NO.

30-025-06000

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

3552' GR

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACURE TREAT ☐

MULTIPLE COMPLETION ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☒

REPAIR WELL ☐

CHANGE PLANS ☐

OTHER: CSG Integrity Test ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

Other: ☐

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.)*

- HOOBS
1. Carlsbad BLM office will be contacted at least 24 hrs. prior to scheduled test. A BLM technician must be on location to witness all casing integrity tests.
 2. An RBP will be set a maximum of 50' above open perforations, after all downhole production equipment is removed.
 3. Casing will be circulated with inhibited fluid and tested to 500 psi for at least 15 minutes with a 10% allowable leak-off.

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

SIGNED Ray White

TITLE Reg. Permit Coordinator

DATE 4-4-91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side