

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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.

13

10. FIELD AND POOL, OR WILDCAT

Monument-Grayburg

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

Sec. 7, T-20-S, R-37-E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

1. OIL ☒ GAS ☐ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

UNION TEXAS PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

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.)  
At surface

1650' FEL & 2310' FSL

14. PERMIT NO.

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

3562' 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) Well Status ☐

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.)\*

(1) Status of Well - Temporarily Abandoned.

(2) Date T.A. Commenced - December, 1965

(3) Future Plans - Plug and Abandon.

(4) Date of Future Plans - September 1, 1975

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

SIGNED

*D. H. Beckung*

TITLE Asst. Dist. Prod. Manager

DATE 1-13-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*Joe L...*

\*See instructions on Reverse Side