

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State Federal

5. State Oil & Gas Lease No.
LC 055546

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" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL GAS WELL OTHER- Water Injection Well

2. Name of Operator
UNION TEXAS PETROLEUM CORPORATION

3. Address of Operator
4000 N. Big Spring, Ste. 500, Midland, TX 79705

4. Location of Well
UNIT LETTER D, 660 FEET FROM THE North LINE AND 660 FEET FROM
THE West LINE, SECTION 5 TOWNSHIP 25S RANGE 37E N.M.P.M.

7. Unit Agreement Name
Langlie Jal Unit

8. Farm or Lease Name
Langlie Mattix (Queen)

9. Well No.
35

10. Field and Pool, or WHDCat
Langlie Mattix (Queen)

15. Elevation (Show whether DF, RT, GR, etc.)
3248' DF

12. County
Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Shoot and Acidize</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1109.

May 18, 1987 - Perf. 48 holes from 3377'3418'.
May 19, 1987 - Acidize w/10,000 gal. 7.5% HCL. Ran Unipkr. VI and 102 jts. 2 3/8" tbg. Set pkr. @ 3140' - tested csg. to 370 psi.
May 20, 1987 - Return well to injection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Jerry Sexton TITLE Reg. Permit Coordinator DATE 5-20-87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 26 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAY 22 1987
OCD
HOBBS OFFICE