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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO ABANDON OR TO CHANGE OR PLUG BACK TO A DIFFERENT RESERVOIR.
(SEE APPLICATION FOR REVERT TO FORM C-101 FOR SUCH PROPOSALS.)

OIL WELL GAS WELL OTHER **Water Injection**

Name of Operator
UNION TEXAS PETROLEUM CORPORATION

Address of Operator
1300 Wilco Building, Midland, Texas 79701

Location of Well
UNIT LETTER **D** **990** FEET FROM THE **North** LINE AND **660** FEET FROM
THE **West** LINE, SECTION **32** TOWNSHIP **24-S** RANGE **37-E** NMPM.

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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-148

7. Unit Agreement Name
Langlie-Jal Unit

8. Form of Lease Name

9. Well No.
3 WH

10. Field and Pool, or Wildcat
Langlie-Mattix

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

| | | | |
|---|---|---|---|
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PERMANENTLY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| REPAIR OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| | | OTHER _____ <input type="checkbox"/> | |

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Kill Well - RUSU - Install BOP. Release packer & pull 2 3/8" IPC injection tubing. GIH & circ. out fill to 3575'.
2. Run logs from 2600'-3575'. Run 7" treating packer & spot 650 gal. acid. across 3575'-3447'. Pull packer to 3250' and set.
3. Acidize w/5000 gal. 20% HCL. Run treatment evaluation log.
4. Run injection equipment and return well to injection.

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

By Floyd S. Houdyshell TITLE Production Analyst DATE 10/17/80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: