

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other instr.
verse side)

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

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—" for such proposals.)

1. WELL TYPE OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water injection	5. LEASE DESIGNATION AND SERIAL NO. LC-032511 - E
2. NAME OF OPERATOR Union Texas Petroleum Corp.	6. IF INDIAN, ALLOTTED OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2120 Houston, TX 77252-2120	7. UNIT AGREEMENT NAME Langlie-Jal Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter "P" 660 FSL & 660 FEL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 85 1111
15. ELEVATIONS (Show whether OF, HT, OR, etc.) 3162 DR	10. FIELD AND POOL, OR WILDCAT Langlie-Mattix (Queen)
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 8-25S-37E
	12. COUNTY OR PARISH 13. STATE Lea NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>WTW Cleanout</u>	<input checked="" type="checkbox"/>

(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.)*

5-20-90 - Tagged fill @ 3184 and washed out 3184 to 3260. Circ & clean, return to injection.

RECEIVED
 JUN 7 10 54 AM '90
 OIL AND GAS
 AREA

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

SIGNED *By White* TITLE Reg. Permit Coord. DATE 6/4/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side