

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT-IN TRI
(Other instruction
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032511 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL GAS WELL OTHER Other w/ water injection

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
BOX 357, ANDREWS, TEXAS 75714

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FSL x 660' FWL Sec 9 (Unit L, NW 1/4 SW 1/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3160' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
LANGLIE A FEDERAL

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
JALMPT YATES GAS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
9-25-37 NMPM

12. COUNTY OR PARISH 15. STATE
LEA N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>All Status</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. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Well ceased continuous flow and was shut-in May, 1974, due to water on perp.

Evaluating possibility of workover, stimulation, and to reduce water heads. Expect work to be done in April, 1975

Lower zone is the Langlie Jal Unit #83, Injection well

Abandonment expires MAR 1 1975

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

SIGNED [Signature]

TITLE ADMINISTRATIVE ASSISTANT

DATE MAR 17 1975

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

014- USGS- H
1- DIV
1- SUSP
1- RR4

*See Instructions on Reverse Side

[Signature]