

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
UNION TEXAS PETROLEUM Ph: (713) 968-4474

3. ADDRESS OF OPERATOR  
P.O. Box 2120, Houston, TX 77252-2120

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
  
1980' FSL & 660' FEL, Unit Letter "I"

14. PERMIT NO.  
30-025-11636

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3110' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM 0140978

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Langlie Jal Unit

8. FARM OR LEASE NAME

9. WELL NO.  
92

10. FIELD AND POOL, OR WILDCAT  
Langlie Mattix<sup>SK</sup> (Queen) GB

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 17, 25S, 37E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

16. 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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Mechanical Integrity Test <input checked="" type="checkbox"/>	
(Other) T & A		(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.)\*

Set CIBP @ 3268' on 11/01/88. Cst. circ. w/inhibited fluid. Test to 510 psi on 5/8/91. Held OK. Request T&A status.

APPROVAL FOR 12 MONTH PERIOD  
5/11/92

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

SIGNED Ken White TITLE Reg. Permit Coordinator DATE 5/17/91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 5-31-91

CONDITIONS OF APPROVAL, IF ANY:

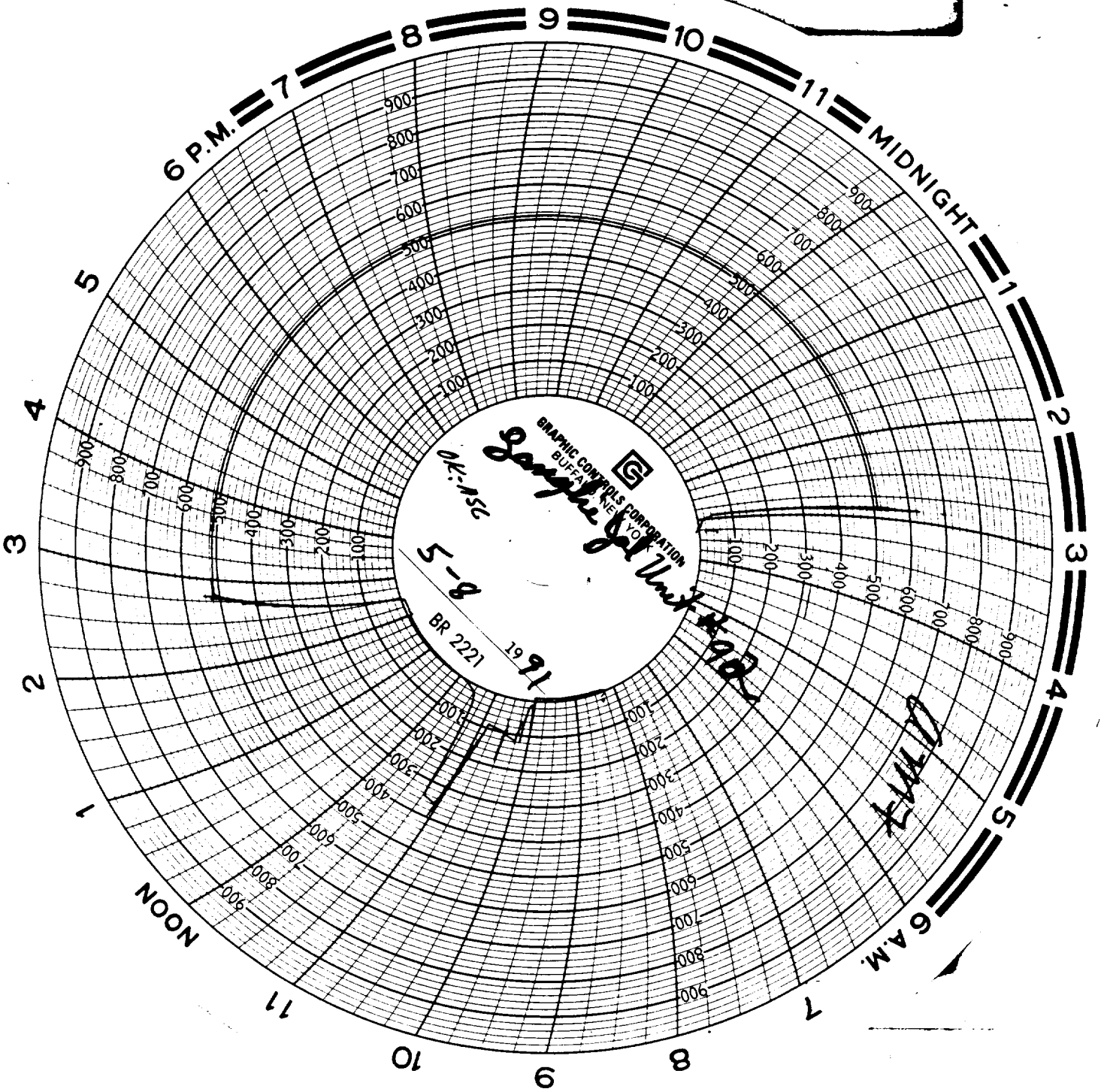
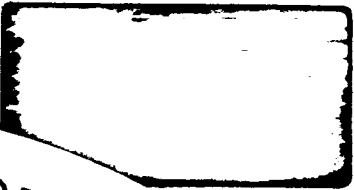
\*See Instructions on Reverse Side

P R N

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