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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.: LC-057420

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 Injection

7. UNIT AGREEMENT NAME: Myers Langlie Mattix Unit

2. NAME OF OPERATOR: Texaco Producing Inc.

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: P. O. Box 728, Hobbs, NM 88240

9. WELL NO.: 47

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit Letter M, 330 FSL & 330 FWL

10. FIELD AND POOL, OR WILDCAT: Langlie Mattix

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 28, T23S, R37E

14. PERMIT NO.: 30-025-10855

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3303' DF

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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	X	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other)				(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.)*

12/19/85 MIRU PU. Installed BOP. TOH with injection tubing and packer. Perforated 5 1/2 inch casing at 3384, 96, 3400, 3418, 24, 28, 31, 34, and 48, 2 SPF (22 holes).

12/23/85 Acidized 5 1/2" casing perfs 3384'-3448' w/2800 gallons 15% NEFE. TOH w/workstring and packer.

12/24/85 TIH with injection tubing and packer and set packer at 3329' and returned to injection.

RECEIVED
FEB 6 1986
CARLSBAD, NEW MEXICO

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

SIGNED W. B. [illegible] TITLE District Oper. Manager DATE 01/27/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Subject to Like Approval by State

*See Instructions on Reverse Side

[illegible] for any person knowingly and willfully [illegible] to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.