

UNITED STATES N. M. GEOL. SURV. COMM. ON
DEPARTMENT OF THE INTERIOR (Other instructions on re-
verse side)
GEOLOGICAL SURVEY HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well	5. LEASE DESIGNATION AND SERIAL NO. NM 12610
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1300 Wilco Building Midland, Texas 79701	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 "L" 1980' FSL & 660' FWL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 15
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3245' Gr.	10. FIELD AND POOL, OR WILDCAT Langlie-Mattix (Queen)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3; T-24-S, R-37-E
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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"/>	

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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 logs pertinent to this work.)*

- 9-10-83 MIRUSU, Installed BOP. Tagged TD @ 3490' w/Sand Line
- 9-11-83 Ran NGT/GR log 2500' to TD.
- 9-13-83 Perforated 3157'-3445' w/52 holes.
- 9-14-83 Set RBP @ 3465' & Pressure tested BP & Csg. to 1000 psi tested good. Treated old perforation 3287'-3445' w/21.8 MCF Nitrogen & 10,000 Gals 7½% HCL.
- 9-15-83 Set RBP @ 3260' & pressure tested BP & Csg to 1000 psi. Tested good. Treated perforation 3157'-3234' w/10,000 MCF Nitrogen & 2000 gal 7½% HCL.
- 9-16-83 Unseated RBP @ 3465, POH & Lay down 2 7/8" workstring. Tan in hole w/2 3/8" plastic coated tubing and Uni-Pkr.VI and set pkr. at 3102'. Removed BOP & pumped packer fluid.
- 9-22-83 Returned well to water injection.

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

SIGNED William A. Higgins TITLE Production Services Supr. DATE 10-18-83
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD
DATE

OCT 20 1983

*See Instructions on Reverse Side