

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO O.C.C.  
SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

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. LC 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	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, 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"/>	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) Status <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.)\*

The present status of this well is temporarily abandoned.

This well was shut in August 1, 1975. The subject well is not needed at this time to obtain the waterflood response desired. Remedial work will be performed on this well and its offset wells to obtain the desired results.

The subject well will be held in a temporarily abandoned status pending an Engineering study to determine and perform the remedial work needed.

2nd This approval of temporary abandonment expires 9-1-78

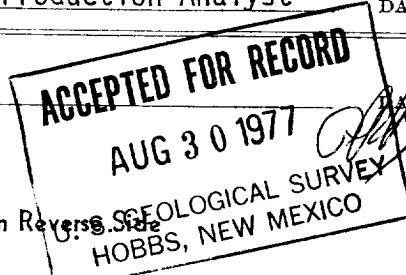
18. I hereby certify that the foregoing is true and correct

SIGNED Stanley A. [Signature] TITLE Sr. Production Analyst DATE August 29, 1977

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_



\*See Instructions on Reverse Side

RECEIVED

SEP 1977

OIL CONSERVATION COMM.  
HOBBS, N. M.