Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
SEP 24 10 42 AM '90
CARLSBAD, NEW MEXICO
AREA MANAGER

Form C-103
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-148-18

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: Langlie - JAL Unit

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER Water Injection

2. Name of Operator: UNION TEXAS PETROLEUM CORP.

8. Well No. 9

3. Address of Operator: P. O. BOX 2120, HOUSTON, TX 77252-2120

9. Pool name or Wildcat: LANGLIE-MATTIX (Queen)

4. Well Location
Unit Letter F : 1980 Feet From The North Line and ~~1879~~ 1980 Feet From The West Line

Section 32 Township 24S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Repair casing leak			[X]

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

8/8 to 8/16/90 MIRUSU. Found csg. leak above 200'. Found hole in 7" spool piece above 9 5/8" csg hd. Backed out nipple which leaked on wellhead. Pressure tested ok. CO Fill to 3582' POH w/bit. RIH w/inj. tbg. Set inj. pkr, pump pkr fluid, ran pressure test to 340# for 15 min. Held ok. Connected to injection system. RDMOSU.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kay White TITLE Regulatory Permit Coord. DATE 9/18/90

TYPE OR PRINT NAME (713) 968-3654 TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE OCT 08 1990

CONDITIONS OF APPROVAL, IF ANY: