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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-934-18	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK			
1a. Type of Work		7. Unit Agreement Name	
b. Type of Well		Langlie Jal Unit	
DRILL <input type="checkbox"/> DEEPEN <input checked="" type="checkbox"/> PLUG BACK <input type="checkbox"/>		8. Farm or Lease Name	
OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection Well <input checked="" type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		9. Well No.	
2. Name of Operator		7	
Union Texas Petroleum Corporation		10. Field and Pool, or Wildcat	
3. Address of Operator		Langlie Mattix	
1300 Wilco Building, Midland, Texas 79701			
4. Location of Well		12. County	
UNIT LETTER H LOCATED 660 FEET FROM THE East LINE		Lea	
AND 1980 FEET FROM THE North LINE OF SEC. 32 TWP. 24-S RGE. 37-E NMPM			
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
3680'		Langlie Mattix	Rotary 3680'
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3277' DF	Blanket	Expert Well Service	4-1-74

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
6 1/2"	7"		3427'		

1. Pull tubing and packer.
2. Clean Well out to original T.D. of 3550'.
3. Deepen well to 3680'.
4. Perforate well, stimulate if necessary.
5. Run tubing and packer.
6. Place well on water injection thru open hole.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Robert F. Plummer Title Operation Supt.- Western Area Date 3-25-74

(This space for State Use)

Orig. Signed by
Joe D. Egan
Dist. 3

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: