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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

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

5. State Oil & Gas Lease No.: E-8327-1

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL [ ] DEEPEN [X] PLUG BACK [ ]

b. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER Water Injection SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Unit Agreement Name: Langlie-Jal Unit

8. Farm or Lease Name:

2. Name of Operator: UNION TEXAS PETROLEUM CORPORATION

9. Well No.: 21 WIW

3. Address of Operator: 1300 Wilco Building, Midland, Texas 79701

10. Field and Pool, or Wildcat: Langlie-Mattix (Queen)

4. Location of Well: UNIT LETTER J LOCATED 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE OF SEC. 32 TWP. 24-S RGE. 37-E NMPM

12. County: Lea

19. Proposed Depth: 3670'

19A. Formation: Seven-Rivers(Queen)

20. Rotary or C.T.: Rotary

21. Elevations (Show whether DF, RT, etc.): 3255' DF

21A. Kind & Status Plug. Bond: Blanket

21B. Drilling Contractor: X-Pert Well Service

22. Approx. Date Work will start: 4-17-74

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
NA	9 5/8"	---	296'	175 Sx.	Surface
NA	5 1/2"	---	3422'	300 Sx.	Surface
4 3/4"	Open Hole	---	----	---	---
	2 3/8"	4.7	3219'	---	---

1. RU and re-enter well and clean out to original TD of 3575'.
2. Deepen well to 3670' and run logs (4 3/4" hole).
3. Acidize Seven-Rivers Queen formation
4. Perforate Seven-Rivers Queen formation.
5. Test 5 1/2" casing to 500 psi.
6. Run 2 3/8" plastic coated tubing and 5 1/2" Uni-Packer.
7. Place well on water injection.

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 P. Wilson Title Asst. Dist. Prod. Manager Date May 21, 1974

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: