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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CLEAN UP PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</small></p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-</p>		<p>5. State Oil & Gas Lease No. B-1327</p>
<p>2. Name of Operator UNION TEXAS PETROLEUM CORPORATION</p>		<p>7. Unit Agreement Name Langlie-Jal Unit</p>
<p>3. Address of Operator 1300 Wilco Building, Midland, Texas 79701</p>		<p>8. Farm or Lease Name</p>
<p>4. Location of Well UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 24-S RANGE 37-E NMPM.</p>		<p>9. Well No. 1 26</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.) 3239'</p>		<p>10. Field and Pool, or Wildcat. Langlie Mattix (Queen)</p>
<p>12. County Lea</p>		

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
Acidize ☒

7. 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.

- March 31, 1977, RU & re-enter wells
- Pressured up to 500# on pump. Pumped 500 gals down. Iron Stabilized 15% BJ one-shot acid & 15 bbls 15% KCL water down annulus.
- After leaving well shut in for 1 hr., acidized well with 2000 gals. of Iron Stabilized 15% BJ one-shot acid.
- Well was returned to production after leaving shut in for 8 hours.

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

NEED: [Signature]
Typed By
Ferry Sexton
Dist. L. Supv.

TITLE Sr. Production Analyst

DATE April 4, 1977

APR 7 1977

PROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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NOV 1972
U.S. DEPARTMENT OF AGRICULTURE