

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

COPIES TO O. G. C.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-055546
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 "C", 330' FNL & 1980' FWL		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 40
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3237' DF		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix (Queen)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-25-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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Acidize <input type="checkbox"/>	
(Other) <input 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.) *

- May 9, 1977, RU and re-entered well. Pulled rods and pump.
- Spotted 100 gallons iron stabilized 15% acid across perfs.
- May 11, 1977, acidized well with 2000 gallons 15% iron stabilized acid in four 500 gallon stages.
- May 13, 1977- ran pump & rods and placed well back on production.

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

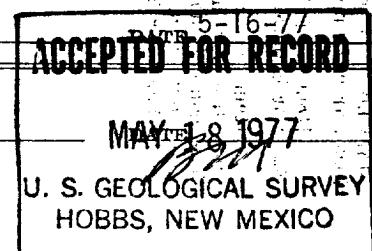
SIGNED [Signature]

TITLE Sr. Prod. Analyst

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



RECEIVED
JUN 24 1977

11/2/1977

MAY 2 1977
 U.S. DEPT. OF COMMERCE
 WASHINGTON, D.C.