

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 055546

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER ☐ Water Injection Well

7. UNIT AGREEMENT NAME

Langlie-Jal Unit

2. NAME OF OPERATOR

UNION TEXAS PETROLEUM CORPORATION

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR

1300 Wilco Building, Midland, Texas 79701

9. WELL NO.

41 WTW

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

Langlie-Mattix (Queen)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Unit Letter "B", 330' FNL & 1980' FEL

Sec. 4, T-25-S, R-37-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3226' DF

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:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON* ☐REPAIR WELL ☐CHANGE PLANS ☐

(Other) Clean out & Deepen

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐(Other) ☐(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.)*

1. Pull tubing and packer.
2. Clean out well to original TD 3529'.
3. Deepen well to approx. TD of 3700'.
4. Log well.
5. Stimulate well if necessary.
6. Run tubing and packer and place well on injection in the unitized interval of the Langlie-Mattix (Queen) formation.

NOTE: This is filed to amend the form 9-331 filed on this well May 21, 1974.

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

SIGNED Stanley A. PostTITLE Gas Measurement AnalystDATE 8-23-74

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 27 1974ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side