Form 9-331 (May 1963)	DEPART	UNITED ST	ATES HE INTERIO	SUBMIT IN TRIPLIC	n re-l	Form ap Budget 5. Lease Designs	pproved. Bureau No. 42-1	
	· · · · · · · · · · · · · · · · · · ·	OLOGICAL	SURVEY			Federal -	- 055546	
(Do not ase thi	JDRY NOT s form for propor Use "APPLIC:	ICES AND I	REPORTS ON deepen or plug back	WELLS to a different reservoir.		G. IF INDIAN, ALL	SUIDT SO BUTTO.	
OIL X GAS OTHER						7. UNIT ACREEME!		
NAME OF OPERATOR						Langlie-Jal Unit 8. FARM OR LEASS NAME		
ONTON LEXT	AS PETROLEU	M CORPORATI	ON					
1300 Wilco Building, Midland, Texas 79701. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) See also space 17 below.) At surface						42		
						10. FIELD AND POOL, OR WHEREAT		
			.	4 x 1	1	Langlie-Ma 1. sec., T., R., M., SURVEY 03	OR DLE. AND	
Unit Letter G, 1650' FNL & 1980' FEL PERMIT NO. 15. ELEVATIONS (Show whether DF, NT, DR, letc.)						Sec. 4, T-25-S, R-37-		
						2. COUNTY OR PA	RISH 13. STATE	
- 		3218' [Lea	New Me	
,	Check App NOTICE OF INTENT	propriate Box To	o Indicate Natur	e of Notice, Report, o	or Othe	≥r Data		
TEST WATER SHUT-OF				SUD	SEQUENT	REPORT OF:		
FRACTURE TREAT		ULL OR ALTER CASIS ULTIPLE COMPLETE	No	WATER SHUT-OFF		REPAIRI:	NO WELL	
SHOOT OR ACIDIZE	11	BANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING	-	ALTERIN	O CASINO	
REPAIR WELL		HANGE PLANS		(Other)	· · · · · · · · · · · · · · · · · · ·			
(Other) Perfor	rm Remedial	. Work	* • • • • • • • • • • • • • • • • • • •	(Note: Report res Completion or Reco ills, and give pertinent da and measured and true ver	ults of r empletion	nultiple completi 1 Report and Log	on on Well form.)	
	WOLL G	uu verrorari	e ir naccada	TD of 3518'. ry. on production.				
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hereby certify that the	Control Color	ne and correct	TTLE Operati	ons Supt. Wester	rn Are	2-1 DATE 2-1	5-74	
This space for Federal	or State office u	se)			W	-0		
PPROVED BY		т	ITLE	- APPR		Dime of		
ONDITIONS OF APPI	COVAL, IF ANY:	:		FFR 1	1 197	4 STET	7	
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		*See I	nstructions on Re	everse Side ARTHUR	T ENGIN	IEER		
				DISING	•			
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