

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

1. SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Water Injection Well	5. LEASE DESIGNATION AND SERIAL NO. LC 052956
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 "D" 330' FNL & 990' FWL Section 4, T-25-S, R-37-E	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 39
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3243 Gr.	10. FIELD AND POOL, OR WILDCAT Langlie Mattix (Queen)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	12. COUNTY OR PARISH Lea
	13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

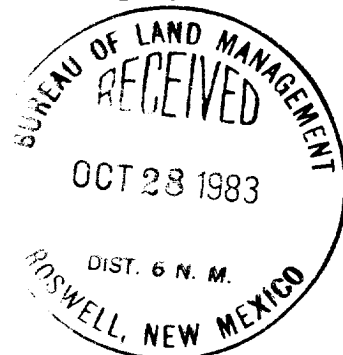
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <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.) *

9-16-83 MIRUSU Install BOP, Pull tbgr. & Uni-Pkr. VI.
9-17-83 RIH & Tag fill @ 3602'
9-18-83 CO to 3640' TD.
9-20-83 Set pkr. 3154'. Acidized OH 3364' - 3640' w/6000 gal 7½% HCL.
9-23-83 Ran IPC 2 3/8" tubing & Uni-Pkr.. VI. Set pkr. at 3214'. Pumped pkr. fluid. Pressure tested csg. & pkr. to 500 psi. Tested OK. Removed BOP.
9-24-83 Returned well to water injection.



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

SIGNED [Signature] TITLE Production Services Supr. DATE 10-26-83.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 31 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO

RECEIVED

NOV 2 1983

O.C.D.
HOBBS OFFICE