						•		
Form 9-231 (May 1963)		JN TED STAT		(Other instruction)	TE*	Form approved. Budget Bureau		
	DEPARTM	1Ei OF THE	INTERIOR	verse side)	5. LEASE	DESIGNATION AS	ND SERIAL NO.	
	G	EOLOGICAL SU	RVEY			-052956		
SUN	DPV NOT	CES AND REF	NO 2TOO	WELLS	6. IF IND	DIAN, ALLOTTEE C	OR TRIBE NAME	
				to a different reservoir. als.)				
	Use "APPLICA"	TION FOR PERMIT-	" for such propos	als,)				
						7. UNIT AGREEMENT NAME		
WELL WELL OTHER WATER Injection Well						Langlie-Jal Unit		
	C DETROIEN	M CORPORATION	T		0. FARM	OR LEASE NAME		
3. ADDRESS OF OPERATOR		M CORPORATION	N		9. WELL	NO.		
1300 Wilco Building, Midland, Texas 79701						39 WIW		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface						Langlie-Mattix (Queen)		
					11. SEC.,	T., R., M., OR BLE RVEY OR AREA	K. AND	
						s production of the		
Unit Letter "D", 330' FNL & 990' FWL						Sec. 4, T-25-S, R-37-E		
14. PERMIT NO.	15. ELEVATIONS (Show 3243' GL		GR, etc.)			13. STATE		
		J245 GL			Lea		New Mexic	
16.	Check Ap	propriate Box To I	ndicate Natur	e of Notice, Report, c	or Other Dat	a		
1	OTICE OF INTENS		1		SEQUENT REPOR			
TEST WATER SHUT-01	· [ ] ·	ULL OR ALTER CASING					<b>,,</b> [	
FRACTURE TREAT		ULTIPLE COMPLETE		WATER SHUT-OFF FRACTURE TREATMENT		REPAIRING WX		
SHOOT OR ACIDIZE		BANDON*		SHOOTING OR ACIDIZING		ABANDONMENT		
REPAIR WELL	[]	HANGE PLANS		(Other) Clean ou	t and dee		X	
(Other)	(Note: Report results					a completion on	Well	
17. DESCRIBE PROPOSED OR	COMPLETED OPER	ATIONS (Clearly state	all pertinent det	alls, and give pertinent da and measured and true ve				
proposed work. If nent to this work.) *	well is direction	hally drilled, give sub	surface locations	and measured and true ve	rtical depths fo	or all markers a	ind zones perti-	
	-							
1	Dullod tul	himm and mark						
1.	Cleaned m	bing and pack ell out to or	er.	25/21		•		
<u> </u>	Deepened t	well to 3640'	$\frac{19111a1}{6}$	5545°.				
4.	Logged we	11 to 3636'.	• (0 1/0	noie)				
		well w/4000 g	al. 15% NE	HCL.			-	
6.	Ran 2 3/8'	' internally	plastic co	ated tubing and	set pack	er @ 3221	۲	
/.	Pressurea	annulus to /	UU非 w/no d	ecrease.	1		•	
8.	Placed wel	ll on water in	njection J	une 3, 1974.				
					•			
							1 <sup>-</sup>	
						1. A.		
	Δ							
Λ	1/							
18. I hereby certify that	the foregoing is	true and correct						
SIGNED	V tech	lung .	mr. w Asst. I	Dist. Production	Mar	m June 19	1974	
	+						- <b>,</b>	
(This space for Feder	ral or State office	e use) 📿			DECORU	· <b>\</b>		
APPROVED BY		Т	ITLE	TEN F	M KLOUDA		<u></u>	
CONDITIONS OF AP	PROVAL, IF AN			ACCEPTED F	() 1974 (	(N)		
					יכו ו)	VEY X		
				Reverse Side U. S. GEOLO HOBBS,	CICAL SUR	1 0		
		*See l	nstructions on	Reverse Side GEOL	DGICAL SUR NEW MEXIC			
				U. HOBBS,	111.			