| | | - | | | | | | |
|---|---|---|---|--|-----------------------------|--|-------------------------------------|--|
| Form 9-331 (May 1963) | τ | JNID STA | TES | SUBMIT IN TRIP | L. TE* | Form approve | | |
| (May 1803) | DEPARTMENT OF THE INTERIOR (Other Instructions on verse side) | | | | s on re -5 . | E-Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. | | |
| | G | EOLOGICAL S | SURVEY | | | LC 052956 | | |
| CLINID | | | | | 6. | IF INDIAN, ALLOTTEE | OR TRIBE NAME | |
| | | CES AND R | | | | | | |
| (1)0 not use this ig | Use "APPLICA" | TION FOR PERMIT | T " for such p | oack to a different reservoi roposais.) | | | | |
| I. OIL GAS WELL OTHER WILL OTHER | | | | | | 7. UNIT AGREEMENT NAME Langlie-Jal Unit | | |
| | | | | | | | | |
| UNLON 3. ADDBESS OF OPERATOR | TEXAS PE | TROLEUM COR | PORATION | | | WELL NO. | | |
| | Jilco Bui | lding Midl | and Toys | as 79701 | 0. | 39 | | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* | | | | | |). FIELD AND POOL, OB | WILDGAT | |
| See also space 17 below.) At surface | | | | | | Jalmat Vates (Gas) | | |
| | | | | | 11 | L. SEC., T., B., M., OR BI SURVEY OR ABEA | LK. AND | |
| | | " 330 FNL & | | - | | | | |
| Sec. 4, T-25-S, R-37-E, Lea County, New Mexico 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | | | | | c. 4, T-25-S | <u>, R-37-Е</u> | |
| 14. PERMIT NO. | | | 243 ¹ GL | | | 2. COUNTY OR PARISH | 13. STATE | |
| | | , | | · · · · · · · · · · · · · · · · · · · | 1 | Lea | <u>New Mexico</u> | |
| 16. | Check App | propriate Box T | o Indicate N | lature of Notice, Repo | ort, or Othe | er Data | | |
| NOTICE OF INTENTION TO: SUBSE | | | | | | QUENT REPORT OF: | | |
| TEST WATER SHUT-OFF | PI | CLL OR ALTER CASE | NG | WATER SHUT-OFF | | REPAIRING W | ELL | |
| FRACTURE TREAT | M | ULTIPLE COMPLETE | | FRACTURE TREATME | INT | ALTERING CA | SING | |
| SHOOT OR ACIDIZE | AI | BANDON* | | SHOOTING OR ACIDI | . استعبا | ABANDONMEN | | |
| REPAIR WELL | CI | HANGE PLANS | | (other) | e Below) rt results of 1 | multiple completion o | n Well | |
| (Other) | OVDIERED OPEN | TRANK (Chearly at | | Completion or | r Recompletio | n Report and Log form | n.) | |
| DESCRIBE PROPOSED OR C proposed work. If w nent to this work.) * | vell is direction | ally drilled, give s | ubsurface locat | ions and measured and tr | ue vertical de | epths for all markers | of starting any and zones perti- | |
| w/幼 Tufplu (4) Drilled out (5) Washed & cl (6) Ran Gamma R | ng & rera rfs. 2985 g per sx. cement r eaned out ay - Neut w/2 3/8" workover | en w/cement 5-3152' w/10 tetainer. 7 thole to 35 tron log fro 0.D. plasti tunit - Wel | DO sx. Cl Fested sq 541'. Dm 3527' ic lined 11 ready | ass "C" followed ueeze job to 100 to surface. tubing to 3377' for injection. | 00# w/no | | | |
| FORMERLY EL | PASO #1 | WELLS B-4. | | | | | · · · | |
| | 7 | | | | | | | |
| 8. I hereby certify that th | a foregoing is | true and correct | | | | | | |
| signed | Ma | ny | TITLE Ope | rations Supt. We | estern) | DATE March | 21, 1972 | |
| (This space for Federal | or State office | use) | | | | 1.1 | | |
| APPROVED BY | | | TITLE | | | DATE | | |
| CONDITIONS OF APPI | ROVAL, IF AN | Y: | | | (11 | • 7 | | |
| | | *See | e Instructions | on Reverse Side | | | | |