

N. M. OIL CONS. COMMISS.
P. O. BOX 1000
ALBUQUERQUE, N.M. 87240

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-052956

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Langlie Jal Unit

8. FARM OR LEASE NAME

9. WELL NO.

44

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix

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

Sec. 4, 25-S-37-E

12. COUNTY OR PARISH

Ira

13. STATE

NM

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

2. NAME OF OPERATOR

Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR

1300 Wilco Building, Midland, Texas 79701

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

2310' FNL & 990' FWL Sec. 4

14. PERMIT NO.

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

3218 Gr.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Convert to water injection

(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.)*

1-20-84 Hooked up surface equipment. Water injection commenced.



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

SIGNED

William H. Higgins

TITLE

Production Services Super.

DATE

1-26-84

(This space for Federal or State or local RECORD)

APPROVED BY

GW

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 10 1984

Carlsbad

*See Instructions on Reverse Side

NEW MEXICO