

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
N. M. STATE OFFICE  
HOBBS, NEW MEXICO

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

16-052956

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Water Injection Well		7. UNIT AGREEMENT NAME Langlie Jal Unit
2. NAME OF OPERATOR Union Texas Petroleum Corporation		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701		9. WELL NO. 44
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, T-25-S, R-37-E		10. FIELD AND POOL, OR WILDCAT
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T25S, R37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH Lea
		13. STATE NM

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Convert to water injection <input checked="" 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.) \*

1-08-84 MIRUSU.

1-10-84 Pulled and layed down rods & pump. Ran in hole w/3-7/8" bit and csg scraper to TD 3728'.

1-11-84 Set treating pkr on 2-7/8" tbq @ 3347'. A/perfs 3403-3570' w/3000 gal 7-1/2% HCL w/400 SCF N2/bbl after pressure testing csg to 500 psi. POH & LD Workstring.

1-12-84 Ran in hole w/2-3/8" IPC tbq w/ inj. pkr. Set pkr @ 3357' and pressure tested csg to 500 psi. Tested good. RDSU. Well ready for water injection.

RECEIVED  
JAN 16 9 22 AM '84  
BUREAU OF MINERAL INVESTIGATION  
ROSEMBOURGH DISTRICT

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

SIGNED

TITLE Production Services Super.

DATE 1-13-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL MAY 9 1984

Carlsbad,

NEW MEXICO

\*See Instructions on Reverse Side

RECEIVED  
MAY 11 1984  
O.C.D.  
HOBBS OFFICE