

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 055546

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Langlie-Jal Unit

8. FARM OR LEASE NAME

9. WELL NO.

63 WIN

10. FIELD AND POOL, OR WILDCAT

Langlie-Mattix (Queen)

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

Sec. 5, T-25-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☐ OTHER Water Injection

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

Unit Letter "P", 660' FSL & 660' FEL

14. PERMIT NO.

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

3,210' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Clean out and deepen

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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. Pull tubing and packer.
2. Clean out to original T.D. of 3,500'.
3. Deepen well to T.D. of 3,655'. (4 3/4" hole).
4. Log well to T.D..
5. Run approximately 535' of 4" casing and cement with 125 sx Class "C". (test casing).
6. Perforate Seven-Rivers-Queen zone.
7. Stimulate if necessary.
8. Run tubing and packer.
9. Place well back on water injection.

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

SIGNED

Stanley A. [Signature]

TITLE Gas Measurement Analyst

DATE

May 23, 1975

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

MAY 28 1975

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side