		N. M. OIL CONS. COMMISSION	N		
Form 9-331 · May 1963)	UNITEL STATES	P. OSTBOXT 1980 RIPLICALL'	Form approved. Budget Bureau N	o. 42R1424	
DE	PARTMENT OF THE INTER GEOLOGICAL SURVEY	ICHERDE NEW MEXICO 88	240 LEASE DESIGNATION AND	SERIAL NO.	
			6. IF INDIAN, ALLOTTEE OR	JF6 TRIBE NAME	
	for proposals to drill or to deepen or plug "APPLICATION FOR PERMIT—" for such p				
			7. UNIT AGREEMENT NAME	7. UNIT AGREEMENT NAME	
			Langlie-Jal Uni 8. FARM OR LEASE NAME		
Union Texas Petr 3. ADDRESS OF OPERATOR	oleum Corporation	<u> </u>	9. WELL NO.		
1300 Wilco Building Midland, Texas 79701			36	36	
				10. FIELD AND FOOL, OR WILDCAT Langlie Mattix	
660' FNL & 1980' FWL			11. SEC., T., B., M., OR BLK. AND SULVEY OR AREA		
Sec. 5, T-2	5-S, R-37-E				
14. PERMIT NO.	15. ELEVATIONS (Show whether D	F, RT, GR, etc.)	12. COUNTY OF PARISH 13	STATE	
	3251 GR		Lea	<u>N.M.</u>	
16. C	heck Appropriate Box To Indicate	Nature of Notice, Report, or C	Other Data		
NOTICE	C OF INTENTION TO:	SUBSEQ	UENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF			
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASIN	G	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING ON ACIDIZING	ABANDONMENT*		
(Other) Convert to	Water Injection XX	(NOTE: Report results	of multiple completion on letion Report and Log form.)	Well	
T DESCRIPT PROPOSED OF COM	PLETED OFFRATIONS (Clearly state all pertine is directionally drilled, give subsurface loc	nt details, and give pertinent dates.	including estimated date of	starting any d zones perti-	
l. Move in and	rig up service unit.				
2. Pull rods an	d tubing and lay down.				
3. Go in hole w	ith casing scraper and clo	ean out to T.D.			
4. Acidize perf	orations with 3000 gallons	s of 7 $\frac{1}{2}$ % iron sequest	cered acid.		
5. Swab acid of	f perforations.				
 Run IPC tubi top perforat 	ng and Guiberson Uni-Pack ions.	er IV or equivalent ar	nd set 50'+ above		
7. Connect well	up for injection.		• • • • • • • • • • • • • • • • • • •	RECEIVE	
8. Commence injection not to exceed 800 psi/day.				IVED	
9. When well st	abilizes run injection pro	ofile.			
15. I hereby certify that the i	foregoing is true and correct			, <u>, , , , , , , , , , , , , , , , , , </u>	
SIGNED Kare	n Friday	Production Analyst	DATE 9-15-8	3	
(This space for Federal o	r State office use)		ACCEPTED FO	DR RECOR	
APPROVED BY			DATE		
CONDITIONS OF APPRC					
			SEP 1	9 1983	

*See Instructions on Reverse Side

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