

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water injection		5. LEASE DESIGNATION AND SERIAL NO. LC-055546
2. NAME OF OPERATOR Union Texas Petroleum Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2120 Houston, TX 77252-2120		7. UNIT AGREEMENT NAME Langlie Jal Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL & 1980 FEL unit G		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 46
15. ELEVATIONS (Show whether SP, ST, CR, etc.) 3242 GR		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix ^{SR} (Queen) 6.8
		11. SEC., T., R., M., OR B.M., AND SURVEY OR AREA 5-25S-37E
		12. COUNTY OR PARISH; 13. STATE Lea NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCCL 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"/>	ABANDONING* <input type="checkbox"/>
(Other) <input type="checkbox"/> WIW Cleanout	XX

(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.)

5-28-90 - Wash with down-jet hydra blast nozzle iron sulfide to 3619'. Wash with side-jet to 3619'. Circ & clean. Return to injection.

ACCEPTED FOR RECORD

Adm

JUN 1 1990

CARLSBAD, NEW MEXICO

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

SIGNED [Signature]

TITLE Reg. Permit Coord.

DATE 6/4/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side