

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRICATE
(Other instructions on reverse side)

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

RECEIVED

3. LEASE DESIGNATION AND SERIAL NO.

LC 055546

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.)

SEP 24 10 42 AM '90

1. OIL WELL GAS WELL OTHER Injection

2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORP. 713-968-3654

3. ADDRESS OF OPERATOR P. O. Box 2120, HOUSTON, TEXAS 77252-2120

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 2310' FEL & 1650' FSL Unit J

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether SP, ST, OR, etc.) _____

7. UNIT AGREEMENT NAME Langlie JAL Unit

8. FARM OR LEASE NAME _____

9. WELL NO. 59

10. FIELD AND POOL, OR WILDCAT Langlie Mattix (Queen)

11. SEC., T., R., M., OR BLM, AND SURVEY OR AREA 5-25S-37E

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONING* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>SQZ CSG LEAK</u>	
(Other) _____			<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 machines and components to this work.)*

8/8 to 8/18/90. Found csg. leak from 347' to 1069'. Pulled injector tubing. Attempt to cut casing @ 925'. Unable to cut due to rotten casing. Set CIBP @ 3200'. Prepare to run 4" liner. Run 4" liner. Run 4" flush joint liner & cmt'd with 200 sx lite and 75 sx class "C". Shut down 8/12 and 8/13/90 WOC to cure. Inst. wellhead & landed 4" csg. RIH w/ bit & drill cmt. 2747-2799'. Drld cmt to 3025' & press test csg. to 500 PSI. Held ok. Drld CIBP @ 3198'. FIN CO to 3647' PBDT. RIH w/inj. Equip. set pkr. @ 3220'. Pressure test to 400 PSI, held 20 minutes. Connected well to Inj. system. DRMOSU.

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

SIGNED [Signature] TITLE Regulatory Permit Coord. DATE 9/18/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side