

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701	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	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 Sec. 5, T-25-S, R-37-E
14. PERMIT NO.	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, CR, etc.) N.A.	13. STATE New Mexico

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) Clean out and deepen	<input checked="" 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)	<input 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. Pull tubing and packer.
2. Clean out to original T.D. of 3,524'.
3. Deepen well to T.D. of 3,675'. (4 3/4" hole).
4. Log well to T.D..
5. Run approximately 645' 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. Post 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