Form 9-331 (May 1963)	UNITED STA DEPARTMENT OF TH GEOLOGICAL S	E INTERIOR	SUBMIT IN TRIPLICA (Other instructions on verse side)	re- Budget	approved. Bureau No. 42-R1424. AATION AND SERIAL NO.
(Do not use this for	RY NOTICES AND R	epen or plug back t	o a different reservoir.		LOTTEE OR TRIBE NAME
OIL GAS WELL 2. NAME OF OPERATOR.	OTHER Water Inje	ction Well (RESEN	7. UNIT AGREEMS Anglie- 8. FARM OR LEAS	Jal Unit
UNION TEXAS PE	TROLEUM CORPORATION		UMB 1 - 199	9. WELL NO.	
1300 Wilco Bui 4. LOCATION OF WELL (Reposee also space 17 below. At surface	lding, Midland, Tex ort location clearly and in accord	as 79701 ance with any State	HODDON ON A	* 1	M., OR BLK. AND
Unit Letter "B	", 660 FNL & 1980 F 15. ELEVATIONS (S	EL how whether DF, RT, G	R, etc.)	Sec 5 T-	25-S R-37-E PARISH 13. STATE New Mexico
16.	Check Appropriate Box To	Indicate Natur	e of Notice, Report,	or Other Data	
NOT	ICE OF INTENTION TO:		SUI	BSEQUENT REPORT OF:	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASE MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Clean Ot (Note: Report re Completion or Rec	ALTER	RING CASING DONMENT* Retion on Well Log form.)
17. DESCRIBE PROPOSED OR COproposed work. If we nent to this work.) *	OMPLETED OPERATIONS (Clearly state) is directionally drilled, give s	te all pertinent det ubsurface locations	ails, and give pertinent dand measured and true v	ates, including estimatertical depths for all n	ed date of starting any narkers and zones perti-
	MIRU Otis Coil Tubi 3500'. Washed out injection.	ng equipment hole to 3552	. WIH w/coil to	ubing. Tagged s. Return wel	fill at 1 to
18. I hereby certify that the	e foregoing is true and correct 1. Houdystell	TITLE Proc	I. Analyst	ACLEADA POR	1/3/31
(This space for Federal APPROVED BY CONDITIONS OF APP		TITLE		WATE A	981