

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC  
(Other instructions o  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 055546

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Langlie-Jal Unit

8. FARM OR LEASE NAME

9. WELL NO.

37

10. FIELD AND POOL, OR WILDCAT

Langlie-Mattix (Queen)

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 5, T-25-S, R-37-E

12. COUNTY OR PARISH

13. STATE  
New Mexico

1. OIL ☐ GAS ☐ OTHER ☒ Water Injection Well

2. NAME OF OPERATOR

UNION TEXAS PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

1300 Wilco Building, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

Unit Letter "B", 660' FNL & 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3261' DF U. S. GEOLOGICAL SURVEY

Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

(Other) Clean out Scale ☒

(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. Install tee on wellhead & rig steel flowline to steel pit.
2. RU coiled tubing unit. RU pump or tubing truck.
3. Run coiled tubing in hole slowly while pumping water to prevent sticking. Run depthometer on tubing unit.
4. Wash to TD.. Will spot acid if unusually hard fill is encountered.
5. Pull coil tubing out of hole & RD.
6. Return well to injection.

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

SIGNED

*Alfred S. Handysell*

TITLE Prod. Analyst

DATE 10/28/80

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

NOV 3 1980

DISTRICT SUPERVISOR

\*See Instructions on Reverse Side