

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION WELL		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 Unit Letter "B", 660' FNL & 1980' FEL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 37 WTL	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3261' DF		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-25-S, R-37-E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

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

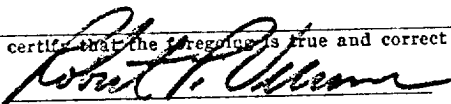
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Remedial Work <input checked="" type="checkbox"/>	
(Other) Remedial Work		(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. Pulled tubing and packer.
2. Cleaned out well to 3484'.
3. Logged well and perforated from 3323-29', 3331-34, 3340-54', 3370-75', 3381-91' (Total of 86 shots).
4. Set Retrievable BP @ 3390' and acidized perfs w/2000 gal 15% HCL.
5. Retrieve BP and POH.
6. Run 2 3/8" tubing and Guiberson Uni-Pkr. VI @ 3275'.
7. Load annulus w/treated pkr. fluid and place well back on injection in the Langlie-Mattix zone from 3323-3484'.
8. Work completed 2-7-74.

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

SIGNED



TITLE Operations Supt. Western Area DATE 2/7/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side