

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC 055546</b>
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <b>UNION TEXAS PETROLEUM CORPORATION</b>		7. UNIT AGREEMENT NAME <b>Langlie-Jal Unit</b>
3. ADDRESS OF OPERATOR <b>1300 Wilco Building, Midland, Texas 79701</b>		8. FARM OR LEASE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>Unit Letter "E", 1980' FNL &amp; 660' FWL</b>		9. WELL NO. <b>48</b>
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <b>Langlie-Mattix (Queen)</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3241' DF</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 5, T-25-S, R-37-E</b>
		12. COUNTY OR PARISH   13. STATE <b>Lea   New Mexico</b>

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) <b>Clean out &amp; Acidize</b> <input checked="" type="checkbox"/>	
(Other)		<small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>	

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.)\*

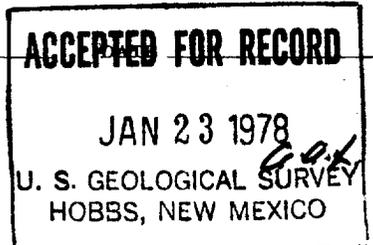
1. January 4, 1978, RU and re-entered well. (Installed BOP). Pulled rods pump & tubing.
2. January 5, 1978, Went in w/sand pump and cleaned out fill from 3525' to 3538' POH w/sand pump. Went in hole w/RTTS pkr. and tubing. Spotted 2½ Bbls. 15% BJ one shot acid across perfs. @ 3385'-3534' and let soak 1 hr. Set pkr. @ 3160' and acidized w/2000 gal. 15% BJ acid.
3. January 6, 1978, Started swabbing back well.
4. January 7, 1978, Pulled tubing and packer.
5. January 9, 1978, Ran tubing, pump and rods - Returned well to production.
6. January 11, 1978, Well pumped 28.4 BO + 32.1 BW + 15 MCFPD.

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

SIGNED [Signature] TITLE Sr. Prod. Analyst DATE 1-20-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

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JAN 24 1978

U.S. DEPARTMENT OF JUSTICE  
HOBBS, N. M.