

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Langlie-Jal Unit
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701	9. WELL NO. 48
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Langlie-Mattix (Queen)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-25-S, R-37-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3241' DF	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:

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 checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)		Clean out & Acidize	<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)			

(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. RU and re-enter well. (Install BOP).
2. Pull rod, pump and tubing.
3. Run sand line and tag bottom. Sand pump if fill is found above 3534'.
4. Run tubing w/treating packer. Spot iron stabilized 15% BJ one shot acid across perfs. 3385-3534' and let soak for one hour.
5. Set packer above top perfs. @ 3385' and acidize well w/2000 gal. of iron stabilized 15% BJ one shot acid.
6. Shut well in for one hour and then swab back.
7. Pull tbg. and treating packer.
8. Run 2 3/8" tubing, rods and pump and return well to production.

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

SIGNED [Signature]
(This space for Federal or State office use)

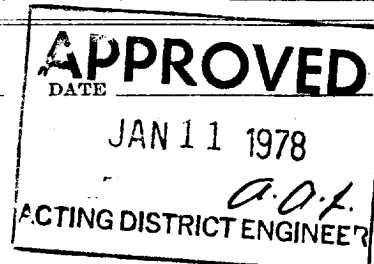
TITLE Sr. Prod. Analyst

DATE 1-9-78

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



100-100000

JAN 17 1978

OIL CON. & MIN. COMM.
FORDS, N. M.