

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"/>		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 "K", 1980' FSL & 1980' FWL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 58	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3218.5' DF		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 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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(Other) <input type="checkbox"/>	

(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. Re-enter well and install BOP. POH w/ rods, pump tubing and packer at 3157'
2. GIH w/RTTS packer & RBP. Set RBP @ approx. 3160' & dump 10' of sand on top.
3. Come up the hole w/packer and test for casing leak.
4. After casing leak is located, pull up and set RTTS packer approx. 130' above.
5. Pump into casing leak & establish rate. Load back side and pressure up to 500 psi. Squeeze casing leak.
6. After WOC 24 hours, GIH w/work string and bit & drill out cnt. Pressure test casing to 500 psi.
7. GIH and retrieve BP.
8. Run rods & pump and return well to production.

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

SIGNED

TITLE Senior Production Analyst

DATE 3-22-77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 3-23-1977

BERNARD MOROZ

ACTING DISTRICT ENGINEER

02-90-0006

RECEIVED
JAN 10 1964

125