Form 9-331 (May 1963)

WELL X

At surface

18

O STATES SUBMIT IN TRIPLICATE* (Other Instructions for reverse side) UNITED STATES DEPARTMEN

Form approved. Budget Bureau No. 42-R1421. 5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL	SURVEY
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VEGIZIO	MOTICES	AND	REPORTS	ON	WELLS

6. IF INDIAN, AULOTTEE OR TRIBE NAME

LC-055546

9. WELL NO.

) () (D) (M) O O	
 drill or to deepen or plug back to FOR PERMIT—" for such propose	o a different reservoir. La)

7. UNIT AGREEMENT NAME Langlie-Jal Unit 8. FARM OR LEASE NAME

2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION

METE

3. ADDRESS OF OPERATOR

OTHER

1300 Wilco Building, Midland, Texas 79701

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

See also space 17 below.)

10. FIELD AND PUOL, OR WILDCAT

(Queen Langlie-<u>Mattix</u> 11. SEC., T., R., M., OR BUK. SURVEY OR AREA.

Unit Letter "K", 1980' FSL & 1980' FWL

15. ELEVATIONS (Show whether DF, RT, CR, etc.) 14. PERMIT NO. 3218.5' DF

Sec. 12. COUNTY OR PARISH

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:

NOTICE OF INTENTION TO: PULL OR ALTER CASING TEST WATER SHUT-GVF MULTIPLE COMPLETE FRACTURE TREAT ABANDON* SHOOT OR ACIDIZE CHANGE PLANS REPAIR WELL

BEPAIRING WELL WATER SHIT-OFF ALTERING CASING FRACTURE TREATMENT ABANDONMENT* SHOOTING OR ACIDIZING (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 and clean out to original TD 3518'.
- 2. Deepen well to TD 3840' (6-1/8" hole)
- 3. Log well to TD.
- 4. Run approximately 476' of 4-1/2" casing and cement w/100 Sx. 50/50 Pozmix and circ. (Test casing.)
- 5. Perforate Seven-Rivers Queen zone and acidize.
- 6. Stimulate if necessary.
- 7. Run tubing and rods
- 8. Install pumping unit and place well on production.

18. I hereby certify that the foregoing is true and correct TITLE Gas Measurement Analyst DATE . (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

from Som