

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-11471

5. Indicate Type of Lease

STATE ☒

FEE ☒

6. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

LANGLIE-JAL UNIT

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

UNION TEXAS PETROLEUM CORPORATION

8. Well No.

68

3. Address of Operator

P. O. BOX 2120 - HOUSTON, TX 77252-2120

9. Pool Name or Wildcat

LANGLIE-MATTIX SR QUEEN

4. Well Location

Unit Letter 0 : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 6 Township 25-S Range 37-E NMMPM LEA Country

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3219' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11-1-88 Set CIBP @ 3145' w/10,000#. Loaded hole with packer fluid and pressure tested to 500 psi. Well T & A'd. Request T & A approval after re-pressure testing to 500 psi for 30 minutes according to Rule 203.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Ben White

TITLE

REGULATORY PERMIT COORDINATOR

DATE 3/20/91

TYPE OR PRINT NAME

TELEPHONE NO. 713-968-3654

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: