Form 9-331 (May 1963)

16.

UNITED STATES OF THE INTERIOR SUBMIT IN TRIPLICATES OF THE INTERIOR (Other Instruction) re-DEPARTME.

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

LC 055546

| SUNDRY | NOTICES | AND | REPORTS | ON W | ELLS | |
|--------------------------|----------------|-------------|----------------|-----------|-------------|------------|
| (Do not use this form fo | r proposals to | drill or to | deepen or plug | back to a | different : | reservoir. |

GEOLOGICAL SURVEY

| Use "APPLIC | | |
|--------------------------------------|---|--------------------------------|
| 1 | 7. UNIT AGREEMENT NAME | |
| OIL K GAS OTHER | • | Langlie-Jal Unit |
| 2. NAME OF OPERATOR | | 8. FARM OR LEASE NAME |
| UNION TEXAS PETROLEU | | |
| 3. ADDRESS OF OPERATOR | 9. WELL NO. | |
| | , Midland, Texas 79701 | 51 |
| 4. LOCATION OF WELL (Report location | 10. FIELD AND POOL, OR WILDCAT | |
| See also space 17 below.) At surface | Langlie-Mattix | |
| At surface | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA | |
| Unit Letter "F", 1980' | 7-E Sec. 6, T-25-S, R-37-E | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| | 3244 CR | Lea New Mexico |

3244 GR Lea

| | Chec | k Appropriate Box To I | ndic | ate N | lature of Notice, Report, o | or Oth | er Data | | | | - |
|-------------------------|----------|------------------------|------|---------|-----------------------------|---------|-----------------------|----------------------|-------|------|---|
| NOTICE OF INTENTION TO: | | | SUB | SEQUEN' | r REPORT | OF: | | | - i | | |
| TEST WATER SHUT-OFF | | PULL OR ALTER CASING | | | WATER SHUT-OFF | | - | REPAIRING | ÷ .5. | | - |
| FRACTURE TREAT | | MULTIPLE COMPLETE | | | FRACTURE TREATMENT | | | ALTERING ABANDONM | | - | 1 |
| SHOOT OR ACIDIZE | | ABANDON* | | | SHOOTING OR ACIDIZING | ِ لــا | i i i | ABANDUNM | BNE | 77 | 1 |
| REPAIR WELL | <u> </u> | CHANGE PLANS | x | | (Other) | ults of | multiple on Report | completion | on We | ai - | - |

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 sones pertinent to this work.)*

Commence approximately 4-29-72

MIRUSU - Run 2 3/8" O.D. internally plastic coated tubing w/Guiberson 2 3/8" x $5\frac{1}{2}$ " Uni-Pkr. VI set at approximately 3175'.

18. I hereby certify that the foregoing is true and correct TITLE Unit Coordinator 26 DATE SIGNED (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side TRICT

REDEWED

OIL CHISENSTATION COMM. HOSBS, N. M.