

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

RECEIVED

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 055546

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Langlie Jal Unit

9. WELL NO.

54

10. FIELD AND POOL, OR WILDCAT

Langlie-Hattix (Queen)-GB

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 6, 25S-37E

14. PERMIT NO.

N/A

15. ELEVATIONS (Show whether DF, ET, GR, etc.)

3227 GR

12. COUNTY OR PARISH 13. STATE

Lea County

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

X

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

ABANDONMENT PROCEDURE ATTACHED

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

SIGNED

Lyne White

TITLE Regulatory Permit Coordinator

DATE 11-2-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

1-4-89

*See Instructions on Reverse Side