

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

DATE

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection Well	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 P.O. Box 2120, Houston, TX 77252-2120	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 "D" 330' FNL & 929' FWL	8. FARM OR LEASE NAME
13. PERMIT NO. 30-025-11475	9. WELL NO. 314
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3245' DF	10. FIELD AND POOL, OR WILDCAT Langlie Mattix (Queen)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T25S, R37E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Integrity Test <input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) T & A			

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.)

Set CIBP @ 3067' on 10/83. Csg. was circulated with inhibited fluid. Test to 580 psi on 5/6/91. Held OK. Request T&A status.



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

SIGNED Ken White
(This space for Federal or State office use)

TITLE Reg. Permit Coordinator

DATE 5/17/91

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side