Form 9-331

HMITED STATES SUBMIT IN TRIPLICATE*

Form approved.

(May 1963)	(Other instruction 7	re Budget Bureau No. 42-K1424.				
DEP#	ARTMF OF THE INTERIOR (Other Instruction 1	5. LEASE DESIGNATION AND SERIAL NO.				
•	LC 055546					
(Do not use this form for	NOTICES AND REPORTS ON WELLS proposals to drill or to deepen or plug back to a different reservoir. PLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
1.	7. UNIT AGREEMENT NAME					
OIL X GAS OT	Langlie-Jal Unit					
2. NAME OF OPERATOR	8. FARM OR LEASE NAME					
UNION TEXAS I						
3. ADDRESS OF OPERATOR	9. WELL NO.					
1300 Wilco Bu	31					
4. LOCATION OF WELL (Report location)	10. FIELD AND POOL, OR WILDCAT					
See also space 17 below.) At surface	Langlie-Mattix					
	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA					
Unit Letter "D", 33	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				
	3245' DF	Lea New Mexico				
16. Chec	k Appropriate Box To Indicate Nature of Notice, Report, o	or Other Data				
SUBSECUENT REPORT OF:						

NOTICE OF INTENTION TO:			SUB	SEQUE	NT B	REPORT OF		-	 Ź	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OF ACIDIZS REPAIR WELL (Other) Convert	to	PULL OB ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS Water Injection	X	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report res Completion or Rec		of mu	ALT ABA	EBING		, — — — — — — — — — — — — — — — — — — —

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.)*

Commence approximately 4-29-72

MIRUSU - Run 2 3/8" O.D. internally plastic coated tubing w/Guiberson 2 3/8" x 5½" Uni-Pkr. VI set @ approximately 3300'. RDSU.

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

*See Instructions on Reverse Side