Form 9-331 (May 1963)

FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE

TED STATES SUBMIT IN TRIPLICATE* OF THE INTERIOR (Other instruction on reverse side) U^"TED STATES DEPARTM.

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

GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

ALTERING CASING

ABANDONMENT*

LC 055546

	TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL		
	NOTICE OF INTENTION TO:	EQUENT REPORT OF:		
6.	Check Appropriate Box To Indicate Nature of Notice, Report, or	Other Data		
	3241' GR	Lea New Mexico		
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH 13. STATE		
	Unit Letter "J", 2310' FSL & 1560' FEL, Sec. 6, T-25-S, R-37-	E Sec. 6, T-25-S, R-37-E		
	See also space 17 below.) At surface	Langlie-Mattix		
1 .	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT		
	1300 Wilco Building, Midland, Texas 79701	55		
3.	ADDRESS OF OPERATOR	9. WELL NO.		
	UNION TEXAS PETROLEUM CORPORATION			
2.	NAME OF OPERATOR	8. FARM OR LEASE NAME		
l.	OIL X GAS WELL OTHER	7. UNIT AGREEMENT NAME Langlie-Jal Unit		
	(Do not use this form for proposals to drift or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)			

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) *

> 5-4-72 MIRUSU - Ran 2 3/8" O.D. internally plastic coated tubing w/Guiberson 2 3/8" x $5\frac{1}{2}$ " Uni-Pkr. I set at 3339'. RDSU. Well ready for injection.

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Convert to Water Injection

Water Injection to begin approximately 5-20-72.

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

18. I hereby certify that the foregoing is true and correct SIGNED . M. Dougherty	TITLE .	Unit Coordinator	DATE May 8	1972
(This space for Federal or State office use)			e ji ka Te	2 1
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	ACCEPTED FOR	RECORD	

*See Instructions on Reverse

MAY Side U. S. GEOLOGICAL SURVEY

HOBBS, NEW MEXICO

RECEIVED

M. Y 1 @ 1972 OIL CONSERVATION COMM. HOBBS, N. M.







Job separation sheet