

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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		7. UNIT AGREEMENT NAME Langlie-Jal Unit	
2. NAME OF OPERATOR Union Texas Petroleum Corporation		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701		9. WELL NO. 77	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter "H", 1980' FNL & 660' FEL		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix (Queen)	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-25-S, R-37-E	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3181' DF		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Clean out and deepen <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

1. Pull tubing and packer.
2. Clean out to original T.D. of 3,479'.
3. Deepen well to T.D. of 3,645'. (6 1/8" hole)
4. Log well to T.D..
5. Run approximately 550' of 4 1/2" casing and cement with 125 sx Class "C". (Test casing)
6. Perforate Seven Rivers-Queen zone.
7. Stimulate if necessary.
8. Run tubing and packer.
9. Place well back on water injection.

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

SIGNED Stanley R. Galt

TITLE Gas Measurement Analyst

DATE May 28, 1975

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____