	m 9-331 15 1963)	UNITED STATES	SUBMIT IN TRIP CATE (Other instructio reverse side)	Budget Bureau No. 42-R1424.	
,,,,,,	DEPART:	1E.)F THE INTERIOR		5. LEASE DESIGNATION	AND SERIAL NO.
	GEOLOGICAL SURVEY			LC-032511 (e)	
				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
	(Do not use this form for propos	ICES AND REPORTS ON als to drill or to deepen or plug back to TION FOR PERMIT—" for such propose	o a different reservoir.		
1.					IΣ
	OIL CAS OTHER	Langlie-Jal Unit			
2.	NAME OF OPERATOR			8. FARM OR LEASE NAM	
	UNION TEXAS PETROLEU	M CORPORATION			
3.	DDRESS OF OPERATOR			9. WELL NO.	
	1300 Wilco Building	, Midland, Texas 79701	•	81 WIW-	<u> </u>
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AND POOL, OB	WILDCAT
				Langlie-Mattix (Queen)	
				11. SEC., T., B., M., OR B. SURVEY OR AREA	IK, AND
	Unit Letter "J", 1980' FSL & 2310' FEL			Sec. 8, T-25-S	
14.	PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, C	ir, etc.)	12. COUNTY OF PARISH	13. STATE
		3150' DF		Lea	New Mexico
16.	Check A	propriate Box To Indicate Natur		Other Data	

REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OFF ALTERING CASING MULTIPLE COMPLETE FRACTURE TREATMENT

TEST WATER SHUT-OFF FRACTURE TREAT ABANDONMENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE (Other) . CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) Clean out & Deepen

- 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 TD of 3405'.
 - 3. Deepen well to TD of 3605' (6-1/8" hole).
 - 4. Log well to TD.
 - 5. Run opproximately 542' of $4\frac{1}{2}$ ' casing & cement w/125 sx. Class "C" cmt. (Test csg.)
 - 6. Perforate Seven Rivers Queen Zone.
 - 7. Stimulate if necessary.
 - 8. Run tubing and packer.
 - 9. Place well back on water injection.

8. I hereby certify that the I negative 18 true and correct SIGNED Stanley A.	TITLE Gas	Measurement Analyst	DATE May	23, 1975
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	The state of the s	DATE	
		1 19 25 10 Bee		

*See Instructions on Reverse Side A WAR