Form 9-331 (May 1963)	DEPARTI	UN TED STATES MELL OF THE INT SEOLOGICAL SURVEY		SUBMIT IN TRI (Other instruction verse side)	ΤΥΈ r←	Form approv Budget Bure 5. LEASE DESIGNATION LC 032511 (e	au No. 42-R1424. AND SERIAL NO.	
	this form for propos	ICES AND REPORT sals to drill or to deepen or I ATION FOR PERMIT—" for so	olug back t	o a different reservoir		6. IF INDIAN, ALLOTTE	E OR TRIBE NAME	
1.						7. UNIT AGREEMENT NAME		
WELL GAS WELL OTHER Water Injection						Langlie-Jal Unit		
2. NAME OF OPERATOR						S. FARM OR LEASE NAME		
UNION TEXA	S PETROLEUM	CORPORAT ION						
3. ADDRESS OF OPERATOR						9. WELL NO.		
1300 Wilco Building, Midland, Texas 79701						81		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						10. FIELD AND FOOL, OR WILDCAT		
See also space 1 At surface	i below.)				*Langlie-Mattix (Queen)			
						11. SEC., T., R., M., OR BLK. AND SURVEY OR ABEA		
Unit Letter "J", 1980' FSL & 2310' FEL						Sec. 8, T-25-	S. R-37-E	
14. PERMIT NO.	, 1900	15. ELEVATIONS (Show wheth	ner DF, RT, G	R, etc.)		12. COUNTY OR PARISE		
		3150' DF				Lea	New Mexico	
16.	Check Ap	propriate Box To Indica	te Natur	e of Notice, Repo	rt, or O	ther Data		
					SUBSEQUE	JENT REPORT OF:		
TEST WATER SH	HUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	<u> </u>	REPAIRING	WELL	
FRACTURE TREA		MULTIPLE COMPLETE		FRACTURE TREATMEN		ALTERING C		
SHOOT OR ACID	- I	ABANDON*		SHOOTING OR ACIDIZ	1	ABANDONME		
REPAIR WELL		CHANGE PLANS	(Other)*Convert fro					
(NOTE: Report results						of multiple completion on Well etion Report and Log form.)		
17. DESCRIBE PROPOS	SED OR COMPLETED OPE k. If well is direction	RATIONS (Clearly state all per mally drilled, give subsurface	tineut det:	ils, and give pertiner	t dates, i	neluding estimated dat	e of starting any	

- Production string (7" casing) is set at 3258'.
 April 25, 1972 MIRUSU Ran 2 3/8" internally plastic coated tubing w/Guiberson 2 3/8" x 7" Uni-Pkr. VI set at 3178'. RDSU.
- 3. Water injection is being performed in the unitized interval, Langlie-Mattix (Queen).

18. I hereby ce ue and correct TITLE Asst. Dist. Prod. Manager DATE May 21, 1974 SIGNED (This space for Federal or State office use)

APPROVED BY ______ CONDITIONS OF APPROVAL, IF ANY:

TITLE .

DATE __

*See Instructions on Reverse Side