

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. NM 4354
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701		7. UNIT AGREEMENT NAME Langlie-Jal Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 75
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3199' DF		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix (Queen)
Unit Letter "D", 660' FNL & 660' FWL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-25-S, R-37-E
		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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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. RU and re-enter well. Unset packer and pull tubing and packer.
2. Tag bottom and sand pump well if fill is encountered above 3620'.
3. Run 2 3/8" work string and packer. Set packer above top perforation @ 3391' and acidize well.
4. Well will be shut in approximately 45 minutes. Well will then be swabbed until load is recovered and well is cleaned up.
5. Run 2 3/8" I.P.C. injection tubing and Baker AD-1 packer. Load backside with treated water. Set packer at  $\pm$  3155' and resume water injection.

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

SIGNED *Stanley D. B.*  
(This space for Federal or State office use)

TITLE: Sr. Prod. Analyst

DATE 10-27-77

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

**APPROVED**  
OCT 28 1977

ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

CONTINUED

11377

OIL CONSERVATION COMM.  
HOBBS, N. M.