

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN ORIGINAL
(Other instructions
reverse side)

Form approved
Budget Bureau No. 41-4-1-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC 032511A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Langlie Jal Unit
8. FARM OR LEASE NAME
9. WELL NO.
83
10. FIELD AND POOL OR WILDCAT
Langlie Mattix (Queen)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T25S, R37E
12. COUNTY OR PARISH
Lea
13. STATE
NM

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 GAS WELL OTHER Water Injection Well
2. NAME OF OPERATOR
UNION TEXAS PETROLEUM CORPORATION
3. ADDRESS OF OPERATOR
P.O. Box 2120, Houston, TX 77252-2120
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit L, 1980' FSL & 660' FWL
14. PERMIT NO.
30-025-11513
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3160' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON* XX
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Mechanical Integrity Test XX
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.) *

Cement retainer set @ 3800 on 5/26/81. Test to 520 psi on 5/8/91.

Held OK. Request T&A status.

APPROVED FOR 12 MONTH PERMIT

EXPIRES 5/1/92

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

SIGNED

Ken White
Ken White

TITLE Reg. Permit Coordinator

DATE 5/17/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

6-6-91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side