DEPARTMENT OF THE INTERIOR (Other instructions on verse side) GEOLOGICAL SURVEY 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 suce proposals.) 1. OIL OAS WELL WELL OTHER Water Injection Well 2. NAME OF OFERATOR Union Texas Petroleum Corporation 3. ALDRESS OF OFERATOR 1300 Wilco Bldg., Midland, Texas 79701 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL	Budget Bureau No. 42-R1424. 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 11. SEC., T., R., M., OR BUK, AND SURVEY OR AREA
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 GAS WELL OTHER Water Injection Well 2. NAME OF OPERATOR Union Texas Petroleum Corporation 3. ALDRESS OF OPERATOR 1300 Wilco Bldg., Midland, Texas 79701 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL	7. UNIT AGREEMENT NAME Langlie Jal Unit 8. FARM OR LEASE NAME 9. WELL NO. 83 10. FIELD AND POOL, OR WILDCAT Langlie-Mattix 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
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1300 Wilco Bldg., Midland, Texas 79701 4. Location of Well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL	10. FIELD AND POOL, OR WILDCAT Langlie-Mattix 11. SEC., T., R., M., OR BLIK, AND SURVEY OR AREA
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14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.)	Sec. 9 T-25-S, R-37-E
3160' GL	12. COUNTY OF PARISH 18. STATE Lea New Mexico
TEST WATER SHUT-OFF FULL OR ALTER CASING WATER SHUT-OFF FRACTURE THEAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING REPAIR WELL CHANGE PLANS (Other) (Note: Report resu	REPAIRING WELL ALTERING CASING ABANDONMENT* Its of multiple completion or Well appletion Report and Log form.) es, including estimated date of starting any leal depths for all markers and zones perti- bing. ff tubing at 1918'. POH. with 1052' of tubing. with unknown amourt of ner at 2800'. ot hold. sure of 1500 psi.

16. I hereby certify that the foregoing is true and correct Production Services 6-30-82 DATE . (ORIG. SGD.) DAVID R. GLASS APPROVED BY CONDITIONS OF APPROVIOUS APPROVIOUS OF APPROVIOUS APPROVINCE APPR DATE ___

U.S. GEOLOGICAL SURVEY

ROSWELL, NEW MEXIT *See Instructions on Reverse Side

MECHIVED

NOV 2 1982

O.C.D. HOBBS OFFICE HOBES OFFICE