

UNITED STATES
DEPARTMENT OF THE INTERIORSUBMIT IN TRIPlicate
(Other instructions
reverse side)Form approved,
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <u>Las Cruces 056968</u>
2. NAME OF OPERATOR <u>Union Texas Petroleum Corporation</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>NM 014 0975</u>
3. ADDRESS OF OPERATOR <u>1300 Wilco Bldg., Midland, Texas</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit X, 330' FSL & 330' FEL</u> <u>P</u>		8. FARM OR LEASE NAME <u>Langlie "B"</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3099' DF</u>	9. WELL NO. <u>1</u>
		10. FIELD AND POOL, OR WILDCAT <u>Justis</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 14, T-25-S, R-37-E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>New Mex.</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

It is proposed to perform the following workover to repair communication as indicated by packer leakage test, perforate and frac additional zones in the Blinbry and Tubb Drinkard formations:

1. Pull dual tbq strings, recover Model J Pkr, drill out Model D pkr.
2. Squeeze cmt Tubb Drinkard perforations 5924' - 5962'.
3. Perf Tubb-Drinkard w/17 holes from 5694' - 5870'.
4. Acidize w/1000 gal 15% HCl NE and frac w/20,000 gal 9# brine w/1 1/2# sand/gal.
5. Perforate Blinbry w/23 holes from 5048-5301' and 6 holes from 5546'-5616'.
6. Acidize perfs 5546' - 5616' w/500 gal 15% HCl NE and frac w/10,000 gal 9# brine w/2# sand/gal. Acidize perfs 5048-5301' w/1000 gal. 15% HCl NE frac w/20,000 gal 9# brine w/2# sand/gal.
7. Run Model D pkr set @ 5635', run dual 2 3/8" tbq strings.
8. Place on production and conduct pkr leakage tests.

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

SIGNED RummaryTITLE Dist. Drlg. Supt.DATE 5-9-68

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

MAY 10 1968

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER