

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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(Other Insures
versus side)

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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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. WELL OIL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> water injection	7. UNIT AGREEMENT NAME Langlie-Jal Unit
2. NAME OF OPERATOR Union Texas Petroleum Corp.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 2120 Houston, TX 77252-2120	9. WELL NO. 89 WIW
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter "H", 1980 FNL & 660 FEL	10. FIELD AND POOL, OR WILDCAT Langlie-Mattix (Queen) ^{SR} _{GB}
11. SEC. T. R. M., OR BLM, AND SURVEY OR AREA 17-25S-37E	12. COUNTY OR PARISH Lea
13. STATE NM	

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 type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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 checked="" type="checkbox"/> WIW Cleanout	

(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.)*

5-27-90 - RIH w/down-ject & washed soft iron-sulfide to 3649'. Circ & clean.
(PBSD @ 3660 & bottom perf. @ 3539'). Ret to injection.

ACCEPTED FOR RECORD

Ad

JUN 1 1990

CARLSBAD NEW MEXICO

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

SIGNED Bru White

TITLE Reg. Permit Coord.

DATE 6/4/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side