

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN 7
(Other Instru
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0140978

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Langlie-Jal Unit

8. FARM OR LEASE NAME

9. WELL NO.
93

10. FIELD AND POOL, OR WILDCAT

Langlie-Mattix

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 17, T25S, R37E

12. COUNTY OR PARISH
Lea13. STATE
New Mex.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. NAME OF OPERATOR Union Texas Petroleum Corporation	
3. ADDRESS OF OPERATOR 1300 Wilco Building - Midland, Texas 79701	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter P, 660' FSL and 660' FEL Sec. 17, T25S, R37E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3200 Gr.

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 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) Convert to Water Injection <input checked="" 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"/>	

(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.)*

Will Commence Approximately 4-18-72

Run Collar Locator Log. Perforate 4½" casing @ 3259', 3428-33', 3446-52', 3470' with 15 ½" holes.

Move in and Rig Up service unit. Acidize interval 3216 to 3470' with 500 gal MB Acid.

Run 23/8" Tubing, plastic coated internally with Guiberson Uni-Pkr. I @ 3224'. Displace annulus with 100 bbls. fresh water. Treat with Baroid B-1400 Pkr. Fluid.

Rig Down Service Unit

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

SIGNED Arthur R. Brown

TITLE Unit Coordinator

DATE 4-14-72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

APR 17 1972

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side