

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions
verse side)Approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0140978	
2. NAME OF OPERATOR Union Texas Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701		7. UNIT AGREEMENT NAME Langlie-Jal Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter "O", 990' FSL & 1980' FEL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 94	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3101' GR		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix (Queen)	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec, 17, T-25-S, R-37-E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

1. February 15, 1975, installed blowout preventor and re-entered well.
2. February 16, 1975, perforated Seven Rivers Queen Zone with 1 JSPF 3307'; 3311'; 3315'; 3319'; 3339'; 3343'; 3356'; 3360'; 3369'; 3397'- 3402'; 3432'-35'; 3450'; 3457'; 3465'; 3471'-75'; 3488'-92'; (Total 32 holes).
3. Acidized Seven Rivers Queen Zone w/1250 gals 15% NE acid.
4. February 18, 1975, frac'd Seven Rivers Queen Zone with 30,000 gals 2% KCL water, 30,000# 20/40 sand, & 1000# rock salt w/600# Benzoic Acid Flakes and 27 bbls Brine Gel.
5. February 19, 1975, sand pumped well from 3483'-3537'.
6. February 20, 1975, ran tubing, rods, and pump. Well is now ready to be placed on production.

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

SIGNED Stanley A. Post TITLE Gas Measurement Analyst DATE February 21, 1975

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

FEB 24 1975

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO