J OF LAND MANAGEME CES AND REPORTS lis to drill or to deepen or plu TION FOR PERMIT—" for such	ON WELLS	NM-0140978 6. IF INDIAN, ALLOTTI 7. UNIT AGREEMENT N		
	APR 0 10 47 AM 9	7. UNT ACCOUNTS		
UM Ph: (713)	CARL COR 968–3654 A HE SAME AND SAME	Langlie Jal	Unit	
ADDRESS OF OPERATOR     P. O. BOX 2120 HOUSTON, TX 77252-2120     LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*     See also space 17 below.)     At surface			<ul> <li>P. WBLL NO.</li> <li>92</li> <li>10. FIELD AND FOOL, OR WILDCAT Langlie Mattix (Queen</li> </ul>	
1980'FSL & 660' FEL, Unit Letter "I" 14. PERMIT NO. 30-025-11636 3110 GR			Sec. 17, 25S, 37E	
ropriate Box To Indicate	i i i i i i i i i i i i i i i i i i i		NM	
LL OR ALTER CASING	WATER SHOT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results)	ERPAIRING T	11°	
	OUSTON, TX 77252- arly and in accordance with a , Unit Letter "I" 15. ELEVATIONS (Show whether 3110 GR propriate Box To Indicate NON TO: LL OR ALTER CUSING LTIPLE COMPLETE ANDON*	IOUSTON, TX 77252-2120         Parily and in accordance with any State requirements.*         ., Unit Letter "I"         15. ELEVATIONS (Show whether DP. RT. GR. etc.)         3110 GR         propriate Box To Indicate Nature of Notice, Report, or Constructions         Unit Letter "I"         15. ELEVATIONS (Show whether DP. RT. GR. etc.)         3110 GR         propriate Box To Indicate Nature of Notice, Report, or Construction         UL OR ALTER CASING         WATER SHOT-OFF         THELE COMPLETE         ANGE PLANS         (Other)         (Note: Report results)	UM     Pn: (/13) 968-3654-A ft     P. WHLL HO.       IOUSTON, TX 77252-2120     92       Tarly and in accordance with any State requirements.*     10. FIELD AND POOL, O       Langlie Mat       ., Unit Letter "I"       T5. ELEVATIONS (Show whether DF. HT. GR. etc.)       3110 GR       Dropriate Box To Indicate Nature of Notice, Report, or Other Data       NON TO:       LUR ALTER CASING       WATER SHOT-OFF       TRACTURE TREATMENT       ANDON*       ANGE FLANS	

proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones pertinent to this work.).

HOBBS

- 1. Garlsbad BLM office will be contacted at least 24 hrs. prior to scheduled test. A BLM technician must be on location to witness all casing integrity tests.
- 2. An RBP will be set a maximum of 50' above open perforations, after all downhole production equipment is removed.
- 3. Casing will be circulated with inhibited fluid and tested to 500 psi for at least 15 minutes with a 10% allowable leak-off.

		Ach		
13. I hereby certify that the foregoing is give and correct				
SIGNED Will	TITLE _	Reg. Permit Coordinator	4-4-91 DATE	
(This space for Federal or State office use)				
APPROVED BY CONDITIONS OF APPROVAL, IF ANY :	TITLE _		DATE	

\*See Instructions on Reverse Side