

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL & GAS COMMISSION
SUBMIT IN TRI-CATE*
(Other instructions on reverse side)

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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. 92
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FEL, Unit Letter I	10. FIELD AND POOL, OR WILDCAT Langlie-Mattix (Queen) GB
14. PERMIT NO.	11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 17-25S-37E
15. ELEVATIONS (Show whether DF, WT, GR, etc.) 3110 GR	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <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 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.)*

Holding for water flood well, request extension of 9/88 T & A approval for one year.

RECEIVED
OCT 5 11 14 AM '89
OCT 5 1989

12 MONTH PERIOD
11/1/90

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

SIGNED <u>Jim White</u>	TITLE <u>Reg. Permit Coord.</u>	DATE <u>10/4/89</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>11-7-89</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side