

UNITED STATES N. M. OIL SUBMIT APPLICATION
DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 036452

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lanlie-Jal Unit

8. FARM OR LEASE NAME

9. WELL NO.

90

10. FIELD AND POOL, OR WILDCAT

Lanlie-Mattix (Queen)-GB

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

Sec. 17-25S-37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Union Texas Petroleum Corp.

3. ADDRESS OF OPERATOR

P.O. Box 2120 Houston, TX 77252-2120

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1650' FNL & 2310' FEL, Unit Letter G

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3118 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 8/88 T & A approval for one year.

RECEIVED
OCT 6 11 13 AM '89
CAG
AREA

12
APPROVED FOR MONTH PERIOD
ENDING 11/1/90

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

SIGNED

[Signature]

TITLE

Reg. Permit Coord.

DATE

10/4/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

11-7-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

NOV 8 1989

OCD
HOBBS OFFICE