

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form  
Bud. No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 036452

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Langlie-Jal Unit

8. FARM OR LEASE NAME

9. WELL NO.

88

10. FIELD AND POOL, OR WILDCAT

Langlie-Mattix (Queen)

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

Sec. 17, T-25-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 ☒ GAS WELL ☐ OTHER ☐
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 "A", 990' FNL &amp; 330' FEL

14. PERMIT NO.

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

3132' GR

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

X
X

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS


## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)


REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

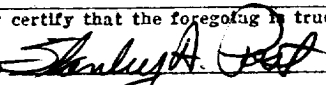

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)\*

1. Re-enter well and pull tubing, rods, and pump.
2. Perforate additional Queen intervals.
3. Frac treat and stimulate if necessary.
4. Run tubing, rods, and pump.
5. Install pump unit and place well on production.

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

SIGNED



TITLE Gas Measurement Analyst

DATE March 18, 1975

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

