

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other instructions on
reverse side)Form 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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR TEXAS PACIFIC OIL COMPANY, INC	8. FARM OR LEASE NAME GREGORY A
3. ADDRESS OF OPERATOR P.O. BOX 4067 MIDLAND TEXAS 79701	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL + 660' FWL	10. FIELD AND POOL, OR WILDCAT LANGLIE MATTIX
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA UNIT E, SEC. 33 T-25-S, R-37-E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3010' DF	12. COUNTY OR PARISH LEA
	13. STATE N.M.

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 ☐

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.)

WELL STATUS X

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.)*

Shut in. TA'd in November 1969 due to uneconomical production
Waterflood study planned but timing is uncertain. There are a
number of active Langlie Mattix waterfloods in this area.

This is a true and correct copy

DEC 1 1976

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

SIGNED

L. Wright

TITLE

Area Supt

DATE

11-7-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side