

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIP
(Other instruction
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Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well or to change 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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 01995	
2. NAME OF OPERATOR Union Texas Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 2310 FWL		8. FARM OR LEASE NAME Langlie "D"	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3105		10. FIELD AND POOL, OR WILDCAT Justis Blinebry	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-25S-37E	
		12. COUNTY OR PARISH Lea	13. STATE New Mexico

16. 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 checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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"/>		<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.)*

Drill out cast iron retainer @ 5567' and drill out cement to 5800'. Perf. Lower Blinebry w/1 hole @ 5550, 76, 80, 5608, 18, 32, 44, 70, 90, 94, 5704, 16, 28, 52, 63. Perf. Upper Blinebry w/1 hole @ 5163, 65, 87, 92, 5204, 16, 20, 24, 32, 42, 48, 80, 86, 92, 5324, 28, 42, 50.
Frac w/80,000 gal 9# gelled brine water w/1½# sand per gal, using 4-20,000 gal. stages & rock salt blocking material. Follow salt blocks w/500 gal. 15% N.E. acid.

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

SIGNED

R. M. Murrey

TITLE District Dirg. Supt.

DATE 6-16-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUN 17 1969
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side