

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instructions  
version 4/85)

DATE  
9-7-90

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. WELL TYPE OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water injection		5. LEASE DESIGNATION AND SERIAL NO. NM-0283328
2. NAME OF OPERATOR Union Texas Petroleum Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2120 Houston TX 77252-2120		7. UNIT AGREEMENT NAME Langlie-Jal Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL & 1980 FWL, Unit letter F		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether SP, ST, GR, etc.) 3206 GR	9. WELL NO. 43 WIW
		10. FIELD AND POOL, OR WELDCAT Langlie-Mattix (Queen) GB
		11. SEC. T., R., M., OR BLM AREA SURVEY OR AREA 4-25S-37E
		12. COUNTY OR PARISH, STATE Lea NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PCLL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<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"/>	ABANDONING	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> WIW Injection		<input checked="" 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.) \*

5-31-90 - RIH w/down-jet hydra blast nozzle. Tag Top of Fill @ 3525'. Cleaned out to 3670'. Circ clean. Return to injection.

RECEIVED

JUN 7 10 53 AM '90

CARLSBAD AREA OFFICE

ACCEPTED FOR RECORD

AR

JUN 15 1990

CARLSBAD, NEW MEXICO

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

SIGNED Sue White

TITLE Reg. Permit Coord.

DATE 6/4/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

**RECEIVED**

**JUN 18 1990**

**OCD  
HOBBS OFFICE**