

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instructions  
verse side)

ATM  
- 2 -

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

5. LEASE DESIGNATION AND SURVEY NO.

LC-055546

6. IF INDIAN, ALLOTTED OR TRUST NAME

7. UNIT AGREEMENT NAME

Langlie Jal Unit

8. FARM OR LEASE NAME

9. WELL NO.

47 ~~WEL~~

10. FIELD AND POOL, OR WELLS

Langlie-Mattix (Queen) GB

11. SEC., T., R., M., OR NE. 1/4, AND SURVEY OR AREA

5-25S-37E

12. COUNTY OR PARISH OR STATE

Lea

NM

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 ☒ Water injection

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

Unit letter "F", 1980 FNL & 1885 FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether SF, ST, GR, etc.)

3242 GR

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

ABANDONING\*

WIW Cleanout

(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 open-sections to this work.)

5-19-90 - Washed iron-sulfide fill 3327-3710'. (383 fill) Circ & clean.  
Return to injection.

ACCEPTED FOR RECORD

Ad

JUN 14 1990

CARLSBAD, NEW MEXICO

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

SIGNED

*Jim 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