

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP BOOK
(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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION WELL		5. LEASE DESIGNATION AND SERIAL NO. LC-055546	
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701		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 Unit Letter "L", 810' FWL & 2030' FSL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 57	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3212' GR		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix (Queen)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-25-S, R-37-E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Clean out & acidize <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.) *

1. RU and re-enter well. POH w/2 3/8" IPC injection tubing and packer.
2. Sand pump well if fill is encountered above 3550'.
3. Run 2 3/8" workstring and treating packer. Set packer above perforations.
4. RU and pump 2500 gal. 5% HCL w/additives.
5. Acidize Seven Rivers Queen perforations 3320-3549' w/5000 gal. 20% HCL acid. Overflush w/5000 gal. injection water.
6. Run 2 3/8" IPC tubing and packer and return well to water injection.

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

SIGNED *Stanley A. ...*

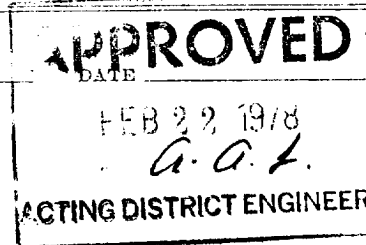
TITLE **Sr. Prod. Analyst**

DATE **2-17-78**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side

RECEIVED

FEB 28 1978

OIL CONSERVATION COMM.
HOBBS, N. M.