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LAND OFFICE		
OPERATOR		

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-934-18	
7. Unit Agreement Name Langlie-Jal Unit	
8. Farm or Lease Name	
9. Well No. 22	
10. Field and Pool, or Wildcat Langlie-Mattix (Queen)	
12. County Lea	

## 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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator UNION TEXAS PETROLEUM CORPORATION
3. Address of Operator 1300 Wilco Building, Midland, Texas 79701
4. Location of Well UNIT LETTER <u>I</u> <u>660</u> FEET FROM THE <u>East</u> LINE AND <u>1830</u> FEET FROM THE <u>South</u> LINE, SECTION <u>32</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3249' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:  
REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Test 5½" casing to 1500 psi for 30 min.
2. Log well and perforate.
3. Acidize perforations with approximately 2000 gal.
4. Run rods and tubing in well and place on production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED

TITLE Operations Supt. Western Area

DATE 2-8-74

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: