

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name Langlie Jal Unit	
8. Farm or Lease Name	
9. Well No. 24	
10. Field and Pool, or Wildcat Langlie Mattix	
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well	
2. Name of Operator Union Texas Petroleum Corporation	
3. Address of Operator 1300 Wilco Building, Midland, Texas 79701	
4. Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1880 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 24-S RANGE 37-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 3250 Gr.	

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Convert to Water Injection <input checked="" type="checkbox"/>

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.

1-20-84 Hooked up surface equipment. Water Injection commenced.

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

SIGNED William R. Higgins TITLE Production Services Super. DATE 1-26-84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR TITLE DATE FEB 1 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 31 1984

C.D.
FUNDING OFFICE