

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-24480

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

LANGLIE-JAL UNIT

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
UNION TEXAS PETROLEUM CORPORATION

8. Well No.
70

3. Address of Operator
P. O. BOX 2120 - HOUSTON, TX 77252-2120

9. Pool name or Wildcat
LANGLIE-MATTIX SR QUEEN

4. Well Location
Unit Letter M : 660 Feet From The SOUTH Line and 460 Feet From The WEST Line
Section 6 Township 25-S Range 37-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3185' GR

11. 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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

12. 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.

11-2-88 Set CIBP @ 3065' w/10,000#. Loaded hole with packer fluid and pressure tested to 500 psi. Well T & A'd. Request T & A approval after re-pressure testing to 500 psi for 30 minutes according to Rule 203.

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

SIGNATURE [Signature] TITLE REGULATORY PERMIT COORDINATOR DATE 3/20/91

TYPE OR PRINT NAME

TELEPHONE NO. 713-968-3654

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: