

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.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Langlie-Jal Unit
2. Name of Operator Union Texas Petroleum Corp.	
3. Address of Operator P.O. Box 2120 Houston, TX	8. Well No. 70
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	9. Pool name or Wildcat Langlie-Mattix SR Queen
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:		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 checked="" 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Holding for water flood well, request extension of 8/88
t & A approval for one year.

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

SIGNATURE Ken F. White TITLE Regulatory Permit Coord. DATE 10/4/89

TYPE OR PRINT NAME Ken F. White TELEPHONE NO. 713/968-365

(This space for State Official)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

OCT 9 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

2nd TA approval 10-1-90