

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE  
(Other Instru  
verse side)

LOCATE  
on re-

Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-052956

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Langlie Jal Unit

8. FARM OR LEASE NAME

9. WELL NO.

38

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix SRQNGB

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 5, T25S, R37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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.)

OIL  
WELL

☐

GAS  
WELL

☐

OTHER

Water Injection Well

1. NAME OF OPERATOR

Union Texas Petroleum Corporation

2. ADDRESS OF OPERATOR

P. O. Box 2120 Houston, TX 77252-2120

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660' FNL & 660' FEL of Section

4. PERMIT NO.

30-025-24484

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3257'

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☒

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON\*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

FRACTURE TREATMENT

☐

SHOOTING OR ACIDIZING

☐

(Other)

☐

REPAIRING WELL

☐

ALTERING CASING

☐

ABANDONMENT\*

☐

(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 perti-  
nent to this work.) \*

Procedure Attached.

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

SIGNED

*[Signature]*

TITLE Reg. Permit Coordinator

DATE 3-25-91

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*[Signature]*

\*See Instructions on Reverse Side