

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

Form C-103
Revised 10-1-78

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| OPERATOR | |

| | |
|-------------------------------------------|------------------------------|
| 3a. Indicate Type of Lease | |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 3. 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.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|
| OIL WELL <input checked="" type="checkbox"/> | GAS WELL <input type="checkbox"/> | OTHER <input type="checkbox"/> |
| 1. Name of Operator UNION TEXAS PETROLEUM CORPORATION | | |
| 2. Address of Operator P.O. BOX 2120, HOUSTON, TEXAS 77252-2120 | | |
| 3. Location of Well UNIT LETTER <u>A</u> <u>990</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>EAST</u> LINE. SECTION <u>31</u> TOWNSHIP <u>24-S</u> RANGE <u>37-E</u> NMPM. | | |

| |
|-------------------------------------------------------------|
| 7. Unit Agreement Name LANGLIE-JAL UNIT |
| 8. Farm or Lease Name |
| 9. Well No. 2 |
| 10. Field and Pool, or WHOLE LANGLIE-MATTIX QUEEN |
| 11. Elevation (Show whether DF, RT, GR, etc.) 3240.5' GR |
| 12. County LEA |

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

| | |
|---------------------------------------------------------|-------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> |

| | |
|-------------------------------------------------------|-----------------------------------------------|
| SUBSEQUENT REPORT OF: | |
| REMEDIATION WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPERATIONS <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <input type="checkbox"/> |

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1109.

GENERAL PROCEDURE

1. POH W/RODS & PMP, RELEASE TBG ANCHOR & INSTALL BOP.
2. POH W/PRODUCTION STRING.
3. GIH W/CIBP ON PRODUCTION STRING & SET CIBP APPROX 50' ABOVE TOP PERFS.
4. PRESSURE TEST CASING TO 300 PSIG SURFACE PRESSURE.
5. REVERSE CIRCULATE ONE ANNULAR PLUS TBG VOLUME OF INHIBITED* PACKER FLUID.
6. POH W/PRODUCTION TBG & MAKE SURE HOLE IS LOADED W/PACKER FLUID*.
7. REMOVE BOP & INSTALL WELLHEAD W/TAPPED BULL PLUG, NEEDLE VALVE, & PRESSURE GAUGE ADAPTER.

*FLUID SPECIFICATIONS

20 GAL OF UNICHEM TH-606 PER 100 BBL OF FRESH WATER.

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

Signed Jerry Sexton TITLE REGULATORY PERMIT COORDINATOR DATE 08/03/88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

AUG 08 '88

COPIES BY _____ TITLE _____ DATE _____
NOTIONS OF APPROVAL, IF ANY: