

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

3a. Indicate Type of Lease
State ☒ Fee ☐
3. State Oil & Gas Lease No.
B-1506

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 Inj.	7. Unit Agreement Name Langlie Jal Unit
2. Name of Operator Union Texas Petroleum Corporation	8. Form or Lease Name
3. Address of Operator P.O. Box 2120, Houston, Texas 77252-2120	9. Well No. 8
4. Location of Well UNIT LETTER <u>G</u> <u>1930</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>24S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat Langlie-Mattix <u>SRQUGB</u>
15. Elevation (Show whether DF, RT, GR, etc.) 3251' GR	12. County Lea

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 OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	Convert to Injection <input checked="" type="checkbox"/>

WFX-549

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 1503.

08/22/85: Ran Baker Model AD#I Packer @ 3198'. Set tubing @ 3200' and tested annulus.

08/30/85: Began injection operations.

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

Signed [Signature] Regulatory Permit Coordinator DATE 07/18/88

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: