-			i,			N.M. O	il Cons. Divi	sion	
Form 3160-5		UNI UNI UNI					j25 N. Strengten Dr.		
(August 1999)		DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				Hobbs Er WW 88240			
SUNDRY NOTICES AND REPORTS ON WELLS						LC = 055546			
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.						6. If Indian	, Allottee or Tribe Name		
SUBLIF IN TRIPLONTS . Whertist and to average stop						7. If Unit or CA/Agreement, Name and/or No. LANGLIE JAL UNIT			
1. Type of Well						8. Well Na	ime and No.		
2. Name of Operator						LANG 9. API We	LIE JAL UNI	T 60	
KENS ON OPERATING COMPANY INC. 3a. Address 3b. Phone No. (include area code)						30-025-24879			
P.O.BOX 3531, MIDLAND TX 79702 915/685.0878						10. Field and Pool, or Exploratory Area LANGLIE MATTIX (SRQGB)			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)						11. County or Parish, State			
1830' FSL & 660' FEL Sec. 5, T25S R37E						LEA, NEW MEXICO			
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA									
TYPE OF SUBMISSION TYPE OF ACTION									
Notice of Intent		Acidize	Deepen Fracture		Production (Star Reclamation	t/Resume)	Water Shut-Off Well Integrity		
		Alter Casing		-	Recomplete		Other		
K Subsequent	Kepon Ionment Notice	Change Plans	- ·	·	Temporarily At Water Disposal	bandon	Reactivat	e	
If the proposa Attach the Bo following com testing has be	l is to deepen direct and under which the apletion of the invo en completed. Fir	ctionally or recomplete the work will be perform	horizontally, give subsu ned or provide the Bond	race locations and No. on file with	a measured and tr BLM/BIA. Requ	ired subsequent	ork and approximate dura ths of all pertinent marker t reports shall be filed wi val, a Form 3160-4 shall b been completed, and the	thin 30 days the filed once	
8-7-02	MI&RU. Polymer squeezed interval between 1027' and 497' (4-1/2" casing). Spotted 6 bbls. polymer under packer. Set packer and squeezed another 1/2 bbl. on back side. Shut in.								
8-12-02 POH with packer. RIH with retrieving tool. Catch plug over perfs. TOH with plug. RIH with tubing and packer. Circulated packer fluid. Set packer. Pressured up and bled off air several times. Pressured up to 360#, bled to 340#, held and charted for 30 minutes. Notified OCD representative to witness but not available. Return well to injection.									
14. I hereby certi	ify that the foregoin	ng is true and correct				A	CCEPTER		
Name (Printed Typed) M. A. SIRGO / I				Title El	GINEER		CCEPTED FOR	RECORD	
Signature	1	. Juig	OP	Date D	ugust 21	1	1		
August 21							AUG 30 A		
Approved by ORIGINAL SIGNED BY									
Conditions of ap certify that the a which would enti	proval, if any, are pplicant holds leg itle the applicant to	attached. Approval of gal or equitable title to conduct operations the	of this notice does not we those rights (in itle sub reon.			FF MANAC	GER	NEER	
Title 18 U.S.C. S	Section 1001 and T fictitious or fraudu	Fitle 43 U.S.C. Section	1212, make it a crime for sontations as to any matt	r any person know er within its jurise	vingly and willful liction.	ly to make to a	ny department or agenty	T the United	



. ۲