

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

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

P. O. BOX 10000, ALBUQUERQUE, NEW MEXICO 87108
LC-055546

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Langlie-Jal Unit
2. NAME OF OPERATOR Union Texas Petroleum Corporation		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 4000 N. Big Spring, Suite 500, Midland, Tx 79705		9. WELL NO. 60
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FEL & 1830 FSL		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix (Queen)
14. PERMIT NO. WFX-552		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 5, 25S-37E
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3220 GR		12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Convert to Injection</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Re-completion 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 pertinent to this work.)*

- 12-4-85 - Pull rods and pump.
- 12-6-85 - Perf 3425, 3427, and set pkr at 3342'.
Acidize w/3500 gals 15% HCL, Fluid level 2350' from surface.
- 12-7-85 - Install wellhead, 2-7/8" tubing and packer at 3341'.
- 12-8-85 - To injection, tubing pressure 200# w/1073 bbls water injected.

ACCEPTED FOR RECORD

[Signature]
JAN 13 1986

CARISBAD, NEW MEXICO

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

SIGNED *[Signature]* TITLE Regulatory Permit Coord. DATE 1-8-86

(This space for Federal or State office use)

APPROVED BY Subject to TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY
Like Approval
by State

*See Instructions on Reverse Side

RECEIVED

JAN 14 1986

O.C.D.
HOBBS OFFICE