

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-0283328
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701	7. UNIT AGREEMENT NAME Langlie-Jal Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter "M", 660' FW&SL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 62
15. ELEVATIONS (Show whether DP, RT, CR, etc.) 3196.2' GL	10. FIELD AND POOL, OR WILDCAT Langlie-Mattix (Queen)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 4, T-25-S, R-37-E
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input checked="" type="checkbox"/>	FULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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 pertinent to this work.) *

1. MIRU Workover unit and pull rods, pump & tubing. (Install BOP)
2. Tag bottom with sand line and sand pump if fill encountered above 3650'
3. GIH w/tubing and packer. Spot 100 gal. of xylene across perfs 3477-3594' and let soak for 2 hours.
4. Fracture treat Seven Rivers Queen perfs. w/15,500 gallons Poly Vis III and 25,750# 100 mesh sand and 5000 gallons Iron acid tagged w/RA material.
5. Leave well shut in four (4) to six (6) hours before recovering load.
6. Swab well until load is recovered and/or sand entry negligible.
7. Run tubing, rods and pump and return well to production.

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

SIGNED [Signature]

TITLE Sr. Production Analyst

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUN 1 1977
U.S. GEOLOGICAL SURVEY
NEW MEXICO

DATE 6-29-77
APPROVED
DATE 1 1977
BERNARD MOROZ ACTING DISTRICT ENGINEER