Form 3160-5 November 1983) Form approved. Budget Bureau No. 1004-0135 I'NITED STATES SUBMIT IN " LICATE. Formerly 9-331) Expires August 31, 1985 NT OF THE INTERIOR (Other that'r DEPAR? 5. LEASE DESIGNATION AND SERIAL NO. BUREAU OF LAND MANAGEMENT LC 032511 (E) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME GAS WELL WELL OTHER Langlie Jal Unit NAME OF OPERATOR 8. FARM OR LEASE NAME UNION TEXAS PETROLEUM Ph: (713) 968-3654 ADDRESS OF OPERATOR 9. WELL NO. P. O. BOX 2120 HOUSTON, TX 77252-2120 76 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 10. FIELD AND POOL, OR WILDON'T Langlie Mattix (Queen) 11. SEC., T., B., M., OR SLE, AND SURVEY OR AREA 1980' FSL & 660' FWL, Unit "3" F. Sec. 9, 25S, 37E . 4. PERMIT NO. 15. ELEVATIONS (Show whether DF. RT. GR. etc.) 12. COUNTY OR PARISH | 13. STATE 30-025-24881 3168' GL Lea Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WRITE FRACTI RE TREAT TELTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT SEPAIR WELL CHANGE PLANS interios Fategrity TEST Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones pertinent to this work.)

HCBBS

- Carlsbad BLM office will be contacted at least 24 hrs. prior to scheduled test. A BLM technician must be on location to witness all casing integrity tests.
- An RBP will be set a maximum of 50' above open perforations, after all downhole production equipment is removed.
- 3. Casing will be circulated with inhibited fluid and tested to 500 psi for at least 15 minutes with a 10% allowable leak-off.

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13. I hereby certify that the foregoing is true and correct		
SIGNED AM MUMB	TITLE Reg. Permit Coordinator	DATE 4-4-91
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE