

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032511(e)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Langlie-Jal Unit

8. FARM OR LEASE NAME

9. WELL NO.

76

10. FIELD AND POOL, OR WILDCAT

Langlie-Mattix (Queen)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 9, T-25-S, R-37-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3168' GL

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Casing Test & Cement Job

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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. Set one (1) 30' jt. of 61# conductor csg. & cmtd. w/4 yds. ready mix to surface. 10-27-74.
2. Spudded 12½" hole @ 4:30 P.M., CST 11-2-74.
3. November 3, 1974, TD 805'. Set 789.77' of 8 5/8" 24# H-40 Rg. 2, ST&C csg. & cmtd. w/600 sx. Class "C" w/2% CaCl₂, plus 45 sx. circ. Tested csg. to 800# w/no dec. in pressure.
4. November 11, 1974, TD 3862'. Set 4½" (3,189.06') 10.5# H-40 csg. @ 3862'. Cmtd. csg. w/1000 sx. 50/50 Poz + 8% Gel. followed by 200 sx. Class "C". Circ. approximately 45 sx.
5. At the present time we are waiting on a completion unit to complete this well.

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

SIGNED

Stanley A. Post

TITLE Gas Measurement Analyst

DATE

11-18-74

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side