

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. OIL CONS. COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

LC-052956

## 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Water Injection	7. UNIT AGREEMENT NAME Langlie Jal Unit
2. NAME OF OPERATOR Union Texas Petroleum Corporation	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 1300 Wilco Building Midland, Texas 79701	9. WELL NO. 34
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FEL Sec. 6, T-25-S, R-37-E	10. FIELD AND POOL, OR WILDCAT Langlie Mattix
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	12. COUNTY OR PARISH Lea
13. STATE N.M.	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3231 GL

## 16. 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"/>
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"/>

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)

(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. Move in and rig up service unit.
2. Pull rods and tubing and lay down.
3. Go in hole with casing scraper and clean out to T.D.
4. Acidize perforations with 3000 gallons of 7 1/2% iron sequestered acid.
5. Swab acid off perforations.
6. Run IPC and Guberson Uni-Packer IV or equivalent and set 50' ± above top perforation.
7. Connect well up for injection.
8. Commence injection not to exceed 800 psi/day.
9. When well stabilizes run injection profile.

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

SIGNED Loren Friday TITLE Production Analyst DATE 9-15-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SEP 19 1983

RECEIVED  
SEP 21 1983  
O.C.D.  
HOBBS OFFICE