

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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-14213	
2. NAME OF OPERATOR Union Texas Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 4000 N. Big Spring, Suite 500, Midland, Texas 79705		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit F, 1650' FNL & 1650' FWL		8. FARM OR LEASE NAME Langlie	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3165 GL		10. FIELD AND POOL, OR WILDCAT Langlie Mattix (7-R, Queen)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, 25S, 37E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

18. 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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) *

3-12-85 MIRUSU. Installed BOP. Pulled OH w/rods & tubing.
 3-13-85 Perforated Lo. Queen 3542'-3694' w/ 2 JSPF at selected interval (112 holes)
 3-14-85 Acidized Lo. Queen w/ 1350 gal 7-1/2% NEFE HCl.(3640'-3694')
 3-15-85 Acidized perforations 3542' to 3596' w/ 1200 gal 7-1/2% HCl NEFE.
 3-21-85 Fractured perforations (3434'-3694') w/ 40,000 gal + 600 SCF/N2 per bbl
 + 65,200 # Sd. (Old perfs & new perfs).
 3-23-85 Cleaned out hole to 3713' and LDWS.
 3-24-85 Ran in hole with 2-3/8" tubing with seating nipple @ 3411'. Ran 2" x 1-1/4" x 14' rod pump. RDMOSU. Cleaned up location.

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

SIGNED William D. Higgins TITLE Regul. Compl. Coordinator DATE 4-4-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APR 11 1985

*See Instructions on Reverse Side

RECEIVED

APR 12 1985

D.C.D.

HOUSING OFFICE