

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

5. LEASE DESIGNATION AND SERIAL NO.

A.A. 14213

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Langlie Federal

9. WELL NO.

1

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 13. STATE

Lea

NM

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Union Texas Petroleum Corporation

3. ADDRESS OF OPERATOR

4000 N. Big Spring, Suite 500, Midland, TX 79705

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit letter F, 1650' FNL & 1650' FWL Ser

14. PERMIT NO.

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

3165 Gr.L.

18. 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)

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. MIRUSU, install BOP, pull rods and tubing
2. Perforate 3542'-3694' (112) w/2 jspf at selected intervals.
3. Acidize previously existing perforations 3640-94' w/1350 gal 7-1/2% HCL NEFE and frac w/20000 gal XL-3 +30000# sd + 600 SCF N₂/bbl.
4. Acidize perforations 3542-96' w/12000 gal 7-1/2% HCL NEFE and Frac w/20000 gal XL-3 + 30000# sd +600 SCF N₂/bbl.
5. Ran tubing, rods and pump.
6. RDSU and clean up location.
7. Return well to production.

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

SIGNED

TITLE Regul. Compl. Coord.

DATE January 23, 1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side