

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

COPY TO O.

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. MM 14213	
2. NAME OF OPERATOR UNION TEXAS PETROLEUM CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701		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		8. FARM OR LEASE NAME Langlie	
14. PERMIT NO. 1650' FN&WL		9. WELL NO. 1	
15. ELEVATIONS (Show whether DE, FD, GR, etc.) 3164.9' GR		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-25-S, R-37-E		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:

## SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
(Other)	<input type="checkbox"/>

PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREATMENT	<input checked="" type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>

REPAIRING WELL	<input type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
ABANDONMENT*	<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.)\*

1. January 24, 1978, installed BOP & re-entered well. Perf'd Queen zone w/1 JSPF 3434,36,62,64,66,68; 3506,08,10,12,14,94,96,98 (Total 14 holes).
2. January 25, 1978, spotted 5 bbls. acid across perfs. 3434-3598, set pkr. @ 3343 and pressure tested csg. to 300# w/no dec. in pressure.
3. Acidized Queen perfs. w/2000 gal. 15% NE acid.
4. January 26, 1978, frac'd Queen perfs. w/30,000 gal. Poly-Vis 3A frac fluid, 25,250# 20/40 sand and 10,000# 10/20 sand + 1600# 50/50 Rock salt and RAF material.
5. January 27, 1978, ran & set 2 3/8" tbg. @ 3473 and started swabbing load back.
6. February 2, 1978, ran pump & rods and connected up wellhead.
7. February 3, 1978, set pumping unit and connected well to tank.
8. February 4, 1978, started well to pumping.

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

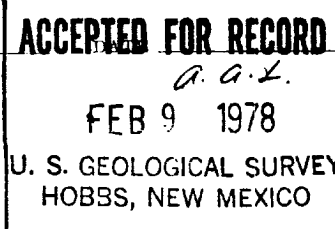
SIGNED Stanley A. DotTITLE Sr. Prod. AnalystDATE 2-7-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side



RECEIVED

FEB 14 1978

OIL CONSERVATION COMM.  
HURBS, N. M.

100-111111-1111