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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
Langlie Jal Unit	
8. Farm or Lease Name	
B- 1327	
9. Well No.	
101	
10. Field and Pool, or Wildcat	
Langlie-Mattix (Queen)	
12. County	
Lea	

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER- Application to Drill

2. Name of Operator
Union Texas Petroleum Corporation

3. Address of Operator
4000 N. Big Spring, Suite 500, Midland, Texas 79705

4. Location of Well
UNIT LETTER L, 2540 FEET FROM THE South LINE AND 1250 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 24-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3234 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> See Item 17	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Request extension for Permit to Drill. Permit formerly approved by Mr. Jerry Sexton, November 18, 1983.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 3/12/85
UNLESS DRILLING UNDERWAY

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED William H. Higgins TITLE Regulatory Compl. Coordinator DATE 9-10-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 12 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
SEP 11 1984
O.C.D.
HOBBS OFFICE