

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-055546

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Langlie-Jal Unit

8. FARM OR LEASE NAME

Langlie

9. WELL NO.

108

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix (Queen)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 5-25S-37E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

1.

OIL WELL ☒ GAS 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

1275' FEL & 2575 FSL

14. PERMIT NO.

30-025-29447

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

3235' GR

16.

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* ☐

Report of Operations ☒

(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. Spudded 11/18/85.

2. 8-5/8" casing at 821' with 500 sacks Class "C". 12 1/4" hole, cmt cmt.

3. Drill to 3772', 5-1/2" casing to 3775'.
Circulate cement so surface.

per telecon w/ Ken White
12/6/85 JWC

4. W.O. completion procedures.

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

SIGNED

Ken White

TITLE

Regulatory Administrator

DATE 12-2-85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

RECORDED FOR RECORD

JWC

DEC 6 1985

*See Instructions on Reverse Side