

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-052956

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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/> WELL		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Union Texas Petroleum Corp.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 4000 N. Big Spring, Suite 500, Midland, TX 79705		8. FARM OR LEASE NAME Langlie-Jal Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2555' FNL & 120' FEL		9. WELL NO. 109	
14. PERMIT NO. 36-025-29448		10. FIELD AND POOL, OR WILDCAT Langlie Mattix (Queen)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3233 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA T25S Sec 5- <del>R25</del> -37E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

Report of Operation  
(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 11-25-85
2. Drilled 12-1/4" hole to 707'
3. Drilled to 805', Ran 8-5/8" 24# casing and cemented to surface.
4. Drilled to 3800' 12-2-85.
5. 12-3-85 Ran 5-1/2" 14# casing to 3800', cmt to surface w/600 sx Lite and 200 sx "C".

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

SIGNED [Signature]

TITLE Regulatory Administrator

DATE 12-9-85

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

[Signature]

DEC 11 1985

\*See Instructions on Reverse Side

RECEIVED

DEC 12 1985

O.C.B.  
HOBBS OFFICE