

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE
(Other instructions
on reverse side)

Form approved.
Budget Bureau No. 1004-B195
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injection Well	7. UNIT AGREEMENT NAME Myers Langlie Matix Unit
2. NAME OF OPERATOR Texaco Producing Inc.	8. NAME OF LEASEE NAME
3. ADDRESS OF OPERATOR PO Box 728, Hobbs New Mexico 88240	9. WELL NO. 192
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit letter C, 550 FNL and 2080 FWL Section 10, T24S R37E	10. FIELD AND POOL, OR WILDCAT Langlie Matix
14. PERMIT NO.	11. SEC., T., R., W., OR S.E. AND SECT. OF AREA Section 10 T24S R37E
15. ELEVATIONS (Show whether DT, ST, OR, etc.)	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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)

Myers Langlie Matix Unit No 192 is an injection well which was shut in on 4/17/89 as a result of being within 1/2 mi. of improperly plugged Myers Langlie Matix Unit No 224. Myers Langlie Matix Unit No 224 was P: A on 4/17/89.

Approved to
be processed
by [initials]

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

SIGNE

TITLE

AREA SUPERINTENDENT

DATE

APR 20 1989

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

MAY 4 1989

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

Article 18 of the Constitution, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.