

(November 1983)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection Well</u>	7. UNIT AGREEMENT NAME <u>Myers Langlie Mattix-Unit</u>
2. NAME OF OPERATOR <u>TEXACO Producing Inc.</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 728, Hobbs, New Mexico 88240</u>	9. WELL NO. <u>204</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit Letter D, 660 FNL and 1980 FWL</u>	10. FIELD AND POOL, OR WILDCAT <u>Langlie Mattix</u>
14. PERMIT NO. <u>30-025-26971</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 7, T24S, R37E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3311' GL</u>	12. COUNTY OR PARISH <u>LEA</u>
	13. STATE <u>NM</u>

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Polymer treated</u>	<input checked="" 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.)*

8-27-85 MIRU pulling unit. TOH with tubing and packer.

8-28-85 TIH with workstring and packer and acidized 5 1/2" casing perfs 3355-3503 with 4000 gal. 15%.

8-29-85 TIH with 2 3/8" IPC tubing and packer and set at 3306'.

9-06-85 Ran step rate test.

9-17-85 Ran profile log.

10-22-85 TOH w/tubing and packer. Ran and set RBP at 3385'.

10-23-85 TIH with injection tubing and packer. Polymer treated with 1149 lbs. of polymer, 50.3 gallons of x-linker.

11-15-85 TOH with RBP. Ran injection tubing and packer and returned to injection.

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

SIGNED W. B. L.

TITLE Dist. Opr. Mgr.

DATE 12-13-85

(This space for Federal or State office use)

APPROVED BY Subject to
CONDITIONS OF APPROVAL

TITLE ACCEPTED FOR RECORD

DATE

Like Approval
by State

*See Instructions on Reverse Side

RECEIVED

DEC 28 1985

O.C.D.
HOBBS OFFICE