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# NEW MEXICO OIL CONSERVATION COMMISSION

SEP 7 3 23 PM '66

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name <b>Langlie Mattix Penrose Sand Unit</b>
2. Name of Operator <b>Anadarko Production Company</b>	8. Farm or Lease Name <b>Tr. 3</b>
3. Address of Operator <b>P. O. Box 247, Hobbs, New Mexico</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>C</b> , <b>1980</b> FEET FROM THE <b>West</b> LINE AND <b>660</b> FEET FROM THE <b>North</b> LINE, SECTION <b>21</b> TOWNSHIP <b>22 S</b> RANGE <b>37 E</b> NMPM.	10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3372' GR</b>	12. County <b>Lea</b>

16.

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

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☒ **Well Status**

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐  
OTHER ☒

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.

**Well is shut in pending expansion of waterflood.**

THE COMMISSION MEETS  
EVERY 4 MONTHS  
FOR THE YEAR 1966  
RE THE PLANS FOR THIS WELL

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

SIGNED <u>M. J. Nelson</u>	TITLE <u>Project Supervisor</u>	DATE <u>8/1/66</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		