

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-23198
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 001328
7. Lease Name or Unit Agreement Name Langlie Mattix Penrose Sand Unit
8. Well No. 15-2
9. Pool name or Wildcat Langlie-Mattix SR/QN/GRBG

**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. Type of Well:  
OIL WELL  GAS WELL  OTHER WIW

2. Name of Operator  
Anadarko Petroleum Corp.

3. Address of Operator  
P.O. Box 2497, Midland, TX 79702

4. Well Location  
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line  
Section 22 Township 22S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3325' GR 3333' RKB

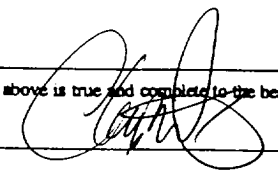
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: _____ <input type="checkbox"/>

12. 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.

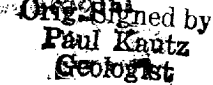
- 1) Release pkr & POH w/tbg.
- 2) Re-dress pkr.
- 3) Hydrotest tbg.
- 4) Set pkr at +/- 3400'.
- 5) Test backside.
- 6) Put back on injection.

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

SIGNATURE  TITLE Engineer DATE 5/6/97

TYPE OR PRINT NAME Clay M. Gaspar TELEPHONE NO. 915/683-0565

(This space for State Use)

APPROVED BY  TITLE Geologist DATE MAY 09 1997

CONDITIONS OF APPROVAL, IF ANY: