

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

|                        |  |
|------------------------|--|
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|                                |                                         |
|--------------------------------|-----------------------------------------|
| 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.)

|                                                                                                                                                                                                        |  |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|
| OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER: <u>Water Injection Well</u>                                                                                                 |  | 7. Unit Agreement Name <u>Penrose</u>                    |
| 1. Name of Operator<br><u>Anadarko Production Company</u>                                                                                                                                              |  | 8. Farm or Lease Name<br><u>Langlie Mattix Sand Unit</u> |
| 2. Address of Operator<br><u>P. O. Box 806 Eunice, New Mexico 88231</u>                                                                                                                                |  | 9. Well No.<br><u>1</u>                                  |
| 3. Location of Well<br>UNIT LETTER <u>N</u> <u>1980</u> FEET FROM THE <u>West</u> LINE AND <u>660</u> FEET FROM<br>THE <u>South</u> LINE, SECTION <u>22</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM. |  | 10. Field and Pool, or Wildcat<br><u>Langlie Mattix</u>  |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><u>3348' GR</u>                                                                                                                                       |  | 12. County<br><u>Lea</u>                                 |

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

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

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.

1. RUPH and Reverse Circulation Unit 8-5-83. Pulled tbg & pkr.
2. TIH w/bit, DC & 2-7/8" tbg.
3. Cleaned out to TD of 3695'.
4. TOH w/bit, DC & 2-7/8" tbg. TIH w/injection string & pkr, RDPU.
5. Acidized w/3000 gals 15% HCL NEFE acid.
6. Placed back on injection 8-11-83.

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

Original SIGNED BY: John C. English TITLE Area Supervisor DATE Sept. 22, 1983

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SEP 30 1983

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
SEP 29 1983  
O.C.D.  
HOBBS OFFICE