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O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

APR 25 11 42 AM '67

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

5a. Indicate Type of Lease
State Fee

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. Name of Operator ANADARKO PRODUCTION COMPANY</p> <p>3. Address of Operator P. O. Box 247, Hobbs, New Mexico 88240</p> <p>4. Location of Well UNIT LETTER C, 1980 FEET FROM THE West LINE AND 660 FEET FROM THE North LINE, SECTION 22 TOWNSHIP 22S RANGE 37E NMPM.</p>	<p>7. Well Name Langlie Mattix</p> <p>8. Farm or Lease Name Penrose Sand Unit</p> <p>9. Well No. 2</p> <p>10. Field and Pool, or Wildcat Langlie Mattix</p> <p>15. Elevation (Show whether DF, RT, CR, etc.) N. A.</p> <p>12. County Lea</p>
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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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	Well Status <input checked="" 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.

Well is shut in pending expansion of waterflood

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

SIGNED Mr. J. Nelson TITLE Project Supervisor DATE 4/10/67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: