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# NEW MEXICO OIL CONSERVATION COMMISSION

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 Matrix Penrose Sand Unit</b>
2. Name of Operator <b>ANADARKO PRODUCTION COMPANY</b>		8. Farm or Lease Name <b>Tract No. 28</b>
3. Address of Operator <b>P. O. Box 247, Hobbs, New Mexico 88240</b>		9. Well No. <b>6</b>
4. Location of Well UNIT LETTER <b>E</b> <b>2310</b> FEET FROM THE <b>North</b> LINE AND <b>290</b> FEET FROM THE <b>East</b> LINE, SECTION <b>28</b> TOWNSHIP <b>22 S</b> RANGE <b>37 E</b> NMPM.		10. Field and Pool, or Wildcat <b>Langlie Matrix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>Not available</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 OPS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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. Move in well servicing unit. Pull tubing and rods.
2. Run 3400' of 4-1/2" 10.50# pipe with a packer to fracture treat.
3. Fracture treat using 60,000 gallons gelled brine with 1-1/2# SPG, treatment staged using rock salt.
4. Pull frac tubing and rerun 2-3/8" tubing, rods and pump.
5. Place well back on production.

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

SIGNED *[Signature]* TITLE District Superintendent DATE 1/14/70

APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE JAN 19 1970

CONDITIONS OF APPROVAL, IF ANY: