NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 ☐ 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.)

1.
OIL WELL ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name Langlie Mattix Penrose Sand Unit

2. Name of Operator

Anadarko Production Company

8. Farm or Lease Name Tract No. 26

3. Address of Operator

P. O. Box 247, Hobbs, NM   88240

9. Well No. 1

4. Location of Well

UNIT LETTER __G__, __2310__ FEET FROM THE __East__ LINE AND __2310__ FEET FROM

THE __North__ LINE, SECTION __28__ TOWNSHIP __22S__ RANGE __37E__ NMPM.

10. Field and Pool, or Wildcat Langlie Mattix

15. Elevation *(Show whether DF, RT, GR, etc.)*

N. L.

12. County Lea

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 ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER **Temporarily Abandon** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
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.

Because of poor casing condition and undesirable well location this well will be temporarily abandoned as follows:

1. Rig up well servicing unit and pull tubing and rods.
2. Run a cast iron bridge plug on tubing and set at 3300' in 7" 22# casing.
3. Dump five sacks of cement through the tubing on top of plug.
4. Place a swedge and a valve on top of casing, close valve.

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

SIGNED _____   TITLE __District Superintendent__   DATE __8-25-70__

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: