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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>

5. State Oil & Gas Lease No.
Not available

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name Langlie Mattix Penrose Sand Unit
2. Name of Operator Anadarko Production Company		8. Farm or Lease Name Tract #29
3. Address of Operator P. O. Box 247, Hobbs, New Mexico 88240		9. Well No. 3
4. Location of Well UNIT LETTER A 990 FEET FROM THE north LINE AND 330 FEET FROM THE east LINE, SECTION 29 TOWNSHIP 22 S RANGE 37 E NMPM.		10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) Not available		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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER **Frac** ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☒

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. MI & RU well servicing unit.
2. Pull rods & pump, install BOP & rig up to fracture treat down 5-1/2" casing & 2-3/8" tubing spotted at 3675'.
3. Fracture treated in 5 equal stages of 10,000 gal. gelled brine & 1-1/2# SPG. Stages separated by salt using a total of 3500# salt. Average inj. rate 41.5 BPM at 2600# with ISDP 1700#.

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 **3/20/69**
APPROVED BY [Signature] TITLE **SUPERVISOR DISTRICT** DATE **3/20/69**
CONDITIONS OF APPROVAL, IF ANY: