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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

APR 24 3 11 '67

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
 2. Name of Operator: **ANADARKO PRODUCTION COMPANY**
 3. Address of Operator: **P. O. Box 247, Hobbs, New Mexico 88240**
 4. Location of Well: UNIT LETTER **D**, **660** FEET FROM THE **North** LINE AND **660** FEET FROM THE **West** LINE, SECTION **28** TOWNSHIP **22S** RANGE **37E** NMPM.
 10. Field and Pool, or Wildcat: **Langlie Mattix**
 9. Well No.: **1**
 8. Farm or Lease Name: **Penrose Sand Unit**
 7. Unit Name: **Langlie Mattix**
 15. Elevation (Show whether DF, RT, GR, etc.): **3354' GR**
 12. County: **Lea**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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 JOB <input type="checkbox"/>	OTHER <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. Pull tubing and rods.
 2. Cleanout through casing and shot hole to total depth.
 3. Run Gamma Ray, Neutron, and Caliper surveys.
 4. Close in well - awaiting further orders.

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

SIGNED W. J. Nelson TITLE District Superintendent DATE 4/24/67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: