NEW MEXICO OIL CONSERVATION COMMISSION

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FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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- **Water Injection Well**

7. Unit Agreement Name **Langlie Mattix Penrose Sand Unit**

2. Name of Operator
Anadarko Production Company

8. Farm or Lease Name **Tract 28**

3. Address of Operator
P. O. Box 247, Hobbs, New Mexico

9. Well No. **7**

4. Location of Well

UNIT LETTER **N** , **660** FEET FROM THE **South** LINE AND **1980** FEET FROM

THE **West** LINE, SECTION **28** TOWNSHIP **22-S** RANGE **37-E** NMPM.

10. Field and Pool, or Wildcat **Langlie Mattix**

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

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 _____ ☐

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.

1. Drilled 7-7/8" hole to 3700'.

2. Ran 3710' 4-1/2" 10.50# J-55 new casing. Set @ 3700' GL.

3. Cemented w/225 sks. of Class "C" w/4" gel & 15# salt per sack. Plus 290 sks. of Class "C" cement w/3/4 of 1% CFRZ & 10# salt per sack. Plug down @ 1:20 PM 7-24/68.

4. Shut in waiting on cement 24 hours.

5. Pressure tested casing to 1000 psig for one hour without pressure loss.

6. Released rig..shut well in.

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 **10/18/68**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: