

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
30-025-26545

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
N/A

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.)

7. Lease Name or Unit Agreement Name  
Langley Griffin

1. Type of Well:  
OIL WELL  GAS WELL  OTHER Dual Devonian - Gas Strawn - Oil

8. Well No.  
1

2. Name of Operator  
Anadarko Petroleum Corporation 000817

9. Pool name or Wildcat 37090  
Langley Strawn

3. Address of Operator  
PO Box 37, Loco Hills, NM 88255

4. Well Location  
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line  
Section 28 Township 22S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3488.4 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

|  |   |   |   |
|--|---|---|---|
| NOTICE OF INTENTION TO:  |   | SUBSEQUENT REPORT OF:                               |   |
| PERFORM REMEDIAL WORK <input 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"/>                        |   | CASING TEST AND CEMENT JOB <input type="checkbox"/> |   |
| OTHER: <u>Repair casing leak</u> <input checked="" type="checkbox"/> |   | OTHER: _____ <input type="checkbox"/>               |   |

12. 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.

\*SEE ATTACHED\*

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

SIGNATURE Bill Winker TITLE Field Foreman DATE 04-30-98  
Bill Winker 505/677-2411  
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)  
ORIGINAL SIGNED BY  
GARY WINK  
APPROVED BY FIELD REP. II TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APR 30 1998

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C