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NEW MEXICO **HOBBS OFFICE O.C.C.**
Nov 15 10 32 AM '66
 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. Langlie Mattix Penrose Sand Unit
2. Name of Operator ANADARKO PRODUCTION COMPANY		8. Farm or Lease Name Tract No. 21
3. Address of Operator P. O. Box 247, Hobbs, New Mexico		9. Well No. 1
4. Location of Well UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 27 TOWNSHIP 22 South RANGE 37 East NMPM.		10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3328' 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 type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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. Pulled rods and tubing
2. Checked for fill-up inside of 5-1/2" liner. Clean to 3670'.
3. Rigged up to fracture treat down 7" 24# casing. Pumped 500 gallons 15% regular acid. Fracture treated with 40,000 gallons of slick water with 1-1/2# SPG. Breakdown at 1600#, min. pressure 1200#, average rate 43.0 BPM. 1SDP 1100#.

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

SIGNED *M. Johnson* TITLE **District Superintendent** DATE **11/10/66**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: