

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 S. Pacheco St.
Santa Fe, NM 87505

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-025-10377

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

**LANGLIE-MATTIX
PENROSE SAND UNIT**

8. Well No.

9-1

9. Pool name or Wildcat

LANGLIE-MATTIX SR ON GRBG

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. Type of Well:

OIL

☐

GAS

☐

OTHER

WIW

2. Name of Operator

ANADARKO PETROLEUM CORP.

3. Address of Operator

P.O. BOX 2497, MIDLAND, TX 79702

4. Well Location

Unit Letter **P** : **660** Feet From The **SOUTH** Line and **660** Feet From The **EAST** Line

Section **20**

Township **22S**

Range **37E**

NMPM

LEA

County

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

3366' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

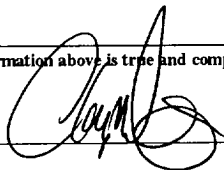
OTHER: ☐

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.**

1. RLS PKR & TOH W/TBG.
2. SET CMT RET @ 3400' AND PERF @ 1250' & 375'.
3. STING INTO CMT RET & PUMP 150 SX CLASS C CMT.
4. STING OUT OF CMT RET & DUMP 10 SX CMT ON CMT RET.
5. SPOT 15 SX @ BOTTOM OF SALT. (2450 - 2300')
6. SET CMT RET @ 1200'.
7. STING INTO CMT RET. PUMP 100 SX CLASS C CMT. DUMP 10 SX ON CMT RET.
8. PUMP 200 SX CMT INTO TOP PERFS & CIRC TO SURF.
9. FILL REMAINING CSG TO SURFACE.
10. SET P&A MARKER.

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

SIGNATURE



TITLE

ENGINEER

DATE

5/23/97

TYPE OR PRINT NAME

CLAY M. GASPAR

TELEPHONE NO.

915/

683-0565

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

JUN 09 1997

CONDITIONS OF APPROVAL, IF ANY:

