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LAND OFFICE		
OPERATOR		

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

NEW MEXICO OIL CONSERVATION COMMISSION

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- Injection Well

7. Unit Agreement Name
Langlie Mattix
Penrose Sand Unit

2. Name of Operator
Anadarko Production Company

8. Farm or Lease Name
Tract 5B

3. Address of Operator
Box 806, Eunice, New Mexico 88231

9. Well No.
1

4. Location of Well

UNIT LETTER __P__, __660__ FEET FROM THE __South__ LINE AND __660__ FEET FROM

THE __East__ LINE, SECTION __21__ TOWNSHIP __22S__ RANGE __37E__ NMPM.

10. Field and Pool, or Wildcat
Langlie Mattix

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

12. County
Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	
PULL OR ALTER CASING ☐	CHANGE PLANS ☐
OTHER_____ ☐	

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	
OTHER Bring csg. vlavles to ground ☒
level.

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. Cellars were dug out for casing pressure checks.
2. Connections were added to the intermediate casing and valves were raised to ground level.
3. Note: The intermediate casing is setting on casing clamps at the surface casing and no connections could be made.

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

SIGNED _[signature]_   TITLE Area Supervisor   DATE 3-18-75

OIL & GAS INSPECTOR   75

APPROVED BY _[signature]_   TITLE_____   DATE_____

CONDITIONS OF APPROVAL, IF ANY: