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HOBBS OFFICE  
NEW MEXICO OIL CONSERVATION COMMISSION  
FEB 14 1 15 PM '66

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name <b>Langlie Mattix</b> <b>Penrose Sand Unit</b>
2. Name of Operator <b>Anadarko Production Company</b>	8. Farm or Lease Name <b>Tr. No. 7</b>
3. Address of Operator <b>P. O. Box 247, Hobbs, New Mexico</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>G</b> , <b>1980</b> FEET FROM THE <b>E</b> LINE AND <b>1980</b> FEET FROM THE <b>N</b> LINE, SECTION <b>21</b> TOWNSHIP <b>22 S</b> RANGE <b>37 E</b> NMPM.	10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3345 GR</b>	12. County <b>Lea</b>

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

NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/>  OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF:  REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <b>Well status</b> <input checked="" type="checkbox"/>
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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.

**Well is shut in pending expansion of waterflood.**

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

SIGNED M. J. Nelson TITLE Project Supervisor DATE 2/1/66

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: