

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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.)

7. Unit Agreement Name Langlie Mattix Penrose Sand Unit
8. Farm or Lease Name Tract 7
9. Well No. 3
10. Field and Pool, or Wildcat Langlie Mattix
12. County Lea

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well
2. Name of Operator Anadarko Production Company
3. Address of Operator Box 806, Eunice, New Mexico 88231
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>21</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3347' GR

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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER Bring csg. valves to ground <input checked="" type="checkbox"/>	
		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 <u>[Signature]</u>	TITLE <u>Area Supervisor</u>	DATE <u>3-18-75</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>OIL & GAS INSPECTOR</u>	DATE <u>SEP 12 1975</u>
CONDITIONS OF APPROVAL, IF ANY:		