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# NEW MEXICO OIL CONSERVATION COMMISSION

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.	

## 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. Unit Agreement Name <b>Langlie Mattix Penrose Sand Unit</b>
2. Name of Operator <b>Anadarko Production Company</b>		8. Farm or Lease Name <b>Tract 15</b>
3. Address of Operator <b>P. O. Box 806, Eunice, New Mexico 88231</b>		9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>I</b> , <b>660</b> FEET FROM THE <b>East</b> LINE AND <b>1980</b> FEET FROM THE <b>South</b> LINE, SECTION <b>22</b> TOWNSHIP <b>22S</b> RANGE <b>37E</b> NMPM.		10. Field and Pool, or Wildcat <b>Langlie Mattix</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3347' GL</b>		12. County <b>Lea</b>

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 type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Shut In</b>

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.

- Pulled rods and tubing.
- Installed swadge and valve in casing. Well is shut in.  
Note: This well is shut in and to be used as an observation well in determining average reservoir pressure.

*Expires 1/1/76*

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

SIGNED *Herb Henderson* TITLE Area Supervisor DATE 1-20-75

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: