

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
APR 10 11 42 AM '67

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. <b>Langlie Mattie Penrose Sand Unit</b>
2. Name of Operator <b>ANADARKO PRODUCTION COMPANY</b>	8. Farm or Lease Name <b>Tract No. 4</b>
3. Address of Operator <b>P. O. Box 247, Hobbs, New Mexico 88240</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>K</b> , <b>1980</b> FEET FROM THE <b>West</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 Mattie</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>N. A.</b>	12. County <b>Lea</b>

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 JOB <input type="checkbox"/>	Well Status <input checked="" type="checkbox"/>

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 4/10/67  
APPROVED BY  TITLE  DATE   
CONDITIONS OF APPROVAL, IF ANY: