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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.	
7. Unit Agreement Name	
Lanigie Mattix	
8. Farm or Lease Name	
Penrose Sand Unit	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Lanigie Mattix	
12. County	
Lea	

## 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 type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- 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 J, 1980 FEET FROM THE South LINE AND 1980 FEET FROM		
THE East LINE, SECTION 22 TOWNSHIP 22S RANGE 37E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		
NA		

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"/>	
OTHER		Bring csg. valves to ground level. <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.

- Cellars were dug out for casing pressure checks.
- Connections were added to the intermediate casing and valves were raised to ground level.
- 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 W. Henderson TITLE Area Supervisor DATE 3-18-75

APPROVED BY William E. Megg TITLE OIL & GAS INSPECTOR DATE SEP 11 1975

CONDITIONS OF APPROVAL, IF ANY: