O. OF COPIES RECEIVED							Form C-103	
DISTRIBUTION							Supersedes C-102 and C	
ANTAFE	+	NE	W MEXICO OIL	CONSE	RVATION COMM	ISSION	Effective 1-	
FILE								
U.S.G.S.	+						Sa. Indicate Typ	
LAND OFFICE							State	Fee X
OPERATOR							5. State Oil & C	as Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)								
1.			······				7. Unit Agern	ë'Mattix
OIL GAS OTHER. Injection Well				Penrose Sand Unit 8. Form or Lease Name				
2. Name of Operator				1	, . ,		8. Farm or Lea	se Name
Anadarko	Produc	tion Com	ipany	2			Tra	ct 3
3. Address of Operator			<u> </u>	- 			9. Well No.	
Box 806,	Funice	Naw Me	vico 882	221			1 5	
4. Location of Well	SULL CC						10. Field and F	Pool, or Wildcat
UNIT LETTER B		660		orth	LINE AND	1980	_ Langli	e Maatix
Gast		<u></u>						
Worth-	LINE, SECTIO	. 22	TOWNSHIP	22	<u>S</u> RANGE	37E NMP		
THE	LINE, 320110							
mmmmm	IIIII	15.	Elevation (Show u	hether	DF, RT, GR, etc.)		12. County	
					3359 GR		Lea	
16.	Check	Appropriate	Box To Indic	ate N	ature of Notice	e. Report or C	ther Data	
NOT		TENTION 1		1			T REPORT O	=:
PERFORM REMEDIAL WORK			PLUG AND ABANDO	м 🗌	REMEDIAL WORK		ALT	ERING CASING
TEMPORARILY ABANDON	-				COMMENCE DRILLIN	IG OPNS.	PLU	S AND ABANDONMENT
PULL OR ALTER CASING			CHANGE PLANS		casing test and a Brir	EMENT JOB	valves to	ground r
					OTHER	-0 -001		
OTHER				_ [_]	leve			
17. Describe Proposed or (

- Cellars were dug out for casing pressure dheck.
 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 comple	ete to the best of my knowledge and belief.		
SIGNED A Renderson	Area Supervisor	DATE	3-18-75
· Mathe & Weag	OIL & GAS INSPECTOR	DATE	
CONDITIONS OF APPROVAL, IF ANY:			· · · · · ·