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LAND OFFICE	
OPERATOR	

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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well		7. Langlie Mattix
2. Name of Operator Anadarko Production Company		8. Farm or Lease Name Penrose Sand Unit
3. Address of Operator P. O. Box 247, Hobbs, NM 88240		9. Well No. 3
4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE AND 860 FEET FROM THE East LINE, SECTION 22 TOWNSHIP 22S RANGE 37E NMPM.		10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3355' GR		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
	OTHER <input 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.

1. Rig up well servicing unit & pulled 2-3/8" plastic lined tubing with packer
2. Rig up reverse circulation equipment with 2-7/8" tubing & 15 joints of 2-7/8" drill pipe.
3. Clean out the shot hole interval from top of cavings to total depth of 3685'.
4. Remove clean out string and rerun 2-3/8" plastic lined tubing with packer.
5. Place well back on injection.

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 District Superintendent DATE 9-25-70

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 20 1970

OIL CONSERVATION COMM.
HOBBBS H. 11