

NO. OF COPIES RECEIVED		
DISTRIBUTION		
DATE		
FILE		
U.S.G.S.		
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		7. Unit Assignment Name Langlie Mattix P nose Sand Unit
2. Name of Operator Anadarko Production Company		8. Farm or Lease Name Tract 19
3. Address of Operator Box 806, Eunice, New Mexico 88231		9. Well No. 1 2
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>South</u> LINE, SECTION <u>21</u> TOWNSHIP <u>22</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3322 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 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 JOBS <input type="checkbox"/>	
		OTHER <u>Bring csg. valves to ground</u> <input checked="" type="checkbox"/>	
		<u>level.</u>	

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 <u>A. Anderson</u>	TITLE <u>Area Supervisor</u>	DATE <u>3-18-75</u>
APPROVED BY <u>William E. Kegg</u>	TITLE <u>OIL & GAS INSPECTOR</u>	DATE <u>SEP 12 1975</u>
CONDITIONS OF APPROVAL, IF ANY:		