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SANTA FE	<u> </u>
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U.S.G.S.	<u> </u>
LAND OFFICE	
OPERATOR	

CONDITIONS OF APPROVAL, IF ANY:

			Form C-103	
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DISTRIBUTION	HUBBS OFFICE O. C. C.		C-102 and C-103 Effective 1-1-65	
SANTA FE			Filective 1-1-02	
FILE	terre 1 C	11 38 AM '67	Con Juddante Type of Legge	
U.S.G.S.	JUN 13	11 30 W. A.	State   Fee.   X	
LAND OFFICE			5. State Oil & Gas Lease No.	
OPERATOR	l			
SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICAT	Y NOTICES AND REPORTS ON A	WELLS ck to a different reservoir. proposals.)	S. Unit Amount Name	
1.			7. Unit Agreement Name Langlie Mattix	
OIL GAS WELL	OTHER-		Penrose Sand Unit	
2. Name of Operator			8. Farm or Lease Name	
	ome or v		Tract No. 19	
Anadarko Production Co	эпрану		9. Well No.	
3. Address of Operator			3	
P. O. Box 247, Hobbs, New Mexico			10. Field and Pool, or Wildcat	
1 Location of Well			i	
1	1980 FEET FROM THE South	TINE AND SEET !	Langlie Mattix	
UNIT LETTER	FEET FROM THE	LINE AND PEET		
THE East LINE, SECTI	on township 22 S	RANGE	MPM.	
			- VIIIIIIIIIIIIIII	
	15. Elevation (Show whether I	DF, RT, GR, etc.)	12. County	
	3324 GR		Lea (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
ŽIIIIIIIIII		Deport of	Other Data	
	Appropriate Box To Indicate N	ature of Notice, Report of	Other Data	
NOTICE OF II	NTENTION TO:	SUBSEQU	IENT REPORT OF:	
<del>[7</del> ]	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
PERFORM REMEDIAL WORK		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
TEMPORARILY ABANDON	<u> </u>			
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	'	
		OTHER		
OTHER				
			i data of starting any proposed	
17. Describe Proposed or Completed C	perations (Clearly state all pertinent deta	ills, and give pertinent dates, incl	uding estimated date of starting any proposed	
work) SEE RULE 1103.				
		30401 voins orbic t	rocks	
<ol> <li>Clean out through</li> </ol>	$7^{\prime\prime}$ casing $3$ shot hole to	5 3642, date i	0015.	
2 Fracture treat to	nrough 7" casing using 40,	.000 gallons of slick	. brine with 1 1/2#	
	Toden / Casing acting to	,		
10-20 SPG.				
		of my knowledge and helief.		
18. I hereby certify that the information	on above is true and complete to the best	of my knowledge and better.		
			× 11 7 127	
n 171.	TITLE	District Superinter	ndent DATE 6/13/67	
SIGNED M. J. Melse	)			