

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Enc., Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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.)		WELL API NO. 30-025-10481
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection Well		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Anadarko Petroleum Corporation 000817		6. State Oil & Gas Lease No. N/A
3. Address of Operator PO Box 37, Loco Hills, NM 88255		7. Lease Name or Unit Agreement Name Langlie Mattix Penrose Sand Unit Tract 13C
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>27</u> Township <u>22S</u> Range <u>37E</u> NMPM Lea County		8. Well No. 5
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3336' DF		9. Pool name or Wildcat 37240 Langlie Mattix 7 Rvs On GB

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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.

Ran injection profile per agreement w/ NMOCD.
See attached Survey.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bill Winker TITLE Field Foreman DATE 09-02-97
Bill Winker
TYPE OR PRINT NAME
505/677-2411
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 10 1997

CONDITIONS OF APPROVAL, IF ANY: