NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		Supersedes Old C-102 and C-103
SANTA FE			Effective 1-1-65
FILE		- 11 267	
U.S.G.S.	Aug 18 11 ss 211 '67		5a. Indicate Type of Lease
LAND OFFICE	1.00	•	State Fee. X
OPERATOR			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. OIL GAS			7. Unit Agreement Name Langlie
WELL WELL OTHER-			Mattix Penrose Sand Unit
2. Name of Operator			8. Farm or Lease Name
Anadarko Production Company 3. Address of Operator			Tract No. 13C
			9. Well No.
P.O. Box 247, Hobbs, New Mexico 88240			10. Field and Pool, or Wildcat
· · · · · · · · · · · · · · · · · · ·			
UNIT LETTER F . 1980 FEET FROM THE North LINE AND 1980 FEET FROM			Langlie Mattix
AND COM			
THE West LINE, SECTION 27 TOWNSHIP 225 RANGE 37E NMP			PM. (
15. Elevation (Show whether DF, RT, GR, etc.)			12, County
N1111111111111111111111111111111111111			
3336' DF			Lea
	Appropriate Box To Indicate N		
NOTICE OF IN	TENTION TO:	SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	[]
		OTHER	
OTHER			
17. Describe Proposed or Completed Ope	erations (Clearly state all pertinent det	ails, and give pertinent dates, includ	ing estimated date of starting any proposed
work) SEE RULE 1103.			
1 Classed out to total	dansh using ambia sania		
1. Cleaned out to ford!	depth using cable tools.		
2. Ran Gamma Ray -Ne	utron and caliper logs.		
3. Ran 2 3/8" cement li	ined tubing with a Johnston	Model 101–5 tension pac	cer.
4. Set packer at approx	timately 3300' in casing.		
• • • • • • • • • • • • • • • • • • • •	•		
5. Will place well on w	vater injection status by or	before 9/1/67 under OCC	Order No. WFX 261.
the state of the s			
18. I hereby certify that the information a	above is true and complete to the boat	of my knowledge and half-f	
10. I hereby certify that the information a	nove is true and complete to the Dest C	n my knowledge and belief.	
16 17		******************	0/10/47
SIGNED M. J. M. Syn	TITLE D	istrict Superintendent	
APPROVED BY			DATE

CONDITIONS OF APPROVAL, IE ANY: