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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 ☐ Fee ☒

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name Langlie Mattix Penrose Sand Unit
2. Name of Operator ANADARKO PRODUCTION COMPANY	8. Farm or Lease Name Tract 27
3. Address of Operator P. O. Box 806, Eunice, New Mexico 88231	9. Well No. 1
4. Location of Well UNIT LETTER C 330 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 28 TOWNSHIP 22-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
11. Elevation (Show whether DF, RT, GR, etc.) NA	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 checked="" type="checkbox"/> Perforate Csg. & Backflow Salt Section	CASING TEST AND CEMENT JOB <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. RUPU, run 7" X 2½" packer on 2-7/8" tubing, set packer at 1200' ± ;
2. Perforate with two ½" holes at 2500';
3. Backflow salt section through choke and meter;
4. Will transport backflow through existing flow lines to injection station.

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

SIGNED Herb Anderson	TITLE Area Supervisor	DATE 01/28/77
APPROVED BY John L. Sup...	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		