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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 <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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name Langlie Mattix
2. Name of Operator Anadarko Production Company		8. Farm or Lease Name Penrose Sand Unit
3. Address of Operator P. O. Box 247, Hobbs, NM 88240		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 22S RANGE 37E NMPM.		10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) N. A.		12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER **Temporarily Abandon** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Because of poor casing condition and undesirable well location this well will be temporarily abandoned as follows:

1. Rig up well servicing unit and pull tubing and rods.
2. Run a cast iron bridge plug on tubing and set at 3300' in 7" 22# casing.
3. Dump five sacks of cement through the tubing on top of plug.
4. Place a swedge and a valve on top of casing, close valve.

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

SIGNED *W. J. McIlwain* TITLE District Superintendent DATE 8-25-70
APPROVED BY *[Signature]* TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: