NO. OF COPIES RECEIVED					Form C-103 Supersedes Old
DISTRIBUTION					C-102 and C-103
SANTA FE	NEW M	EXICO OIL CONS	ERVATION COMMISSION		Effective 1-1-65
FILE				1	a. Indicate Type of Lease
U.S.G.S.	- <u> </u>				State Fee X
LAND OFFICE				-	State Cil & Gus Lease No.
OPERATOR					n, stute on A Gds Ledse No.
SUNDRY NOTICES AND REPORTS ON WELLS (do not use this form for proposals to chill or to deepen or plug back to a different reservoir. use "application for permit -" (form C-101) for such proposals.)					
1.	····· · · · · · · · · · · · · · · · ·				7, Unit Agreement Name Langlie
OIL GAS GAS WELL	OTHER-				Mattix Penrose Sand Unit
2. Name of Operator	· · · · · · · · · · · · · · · · · · ·				8. Farm or Lease Name
ANADARKO PRODUCTION COMPANY					Tract No. 28
3. Address of Operator					3. Well No.
P. O. Box 247,	Hobbs, New Me	xico 88240			5
4. Location of Well					IC. Field and Pool, or Wildcat
UNIT LETTER	330 FEET FRO	South South	LINE AND F	EET FROM	Langlie Mattix
THE West LINE, SE	CTION28	TOWNSHIP 22 5	RANGE 37 E	NMPM.	
	15. Elev	ation (Show whether	DF, RT, GR, etc.)		12. Jounty
		Not available			Lea Alllllll
^{16.} Chec	k Appropriate Bo	x To Indicate N	ature of Notice, Report	t or Othe	r Data
	INTENTION TO:	1	· · ·		REPORT OF:
PERFORM REMEDIAL WORK	31.1	JG ANE ABANDON	REMEDIAL WORK		ALTERING CASING
	-20		COMMENCE DRILLING OPNS.		PLUG AND ABANDONMENT
TEMPORARILY ABANDON		ANGE PLANS	COMMENCE DRIELING UPNS.		FLUG AND ABANDONMENT
PULL OR ALTER CASING	CHA	INGE FLAND	OTHER		
		[]	UTHER		·······
OTHER		[]			

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. Move in well servicing unit. Pull tubing and rods.
- 2. Run 3400' of 4-1/2" 10.50 pipe with a packer to fracture treat.
- 3. Fracture treat using 60,000 gallons gelled brine with $1-1/2^{\#}$ SPG, staged with rock salt.
- 4. Pull frac tubing and rerun 2-3/8" tubing, rods and pump.
- 5. Place well back on production.

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

SIGNED	District Superintendent	DATE 1/14/70
APPROVED BY	TITLE	