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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"/>	11. Unit Agreement Name Langlie Mattix
2. Name of Operator Anadarko Production Company	8. Farm or Lease Name Perrose Sand Unit
3. Address of Operator P. O. Box 247, Hobbs, NM 88240	9. Well No. Tract No. 24
4. Location of Well UNIT LETTER 0 , 330 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3448' GR	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 checked="" 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 type="checkbox"/>	CASING TEST AND CEMENT JOB <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. Rigged up well servicing unit and pulled rods and tubing.
2. Run 3689' of 4 1/2" frac tubing with packer at 3334'.
3. Fracture treated using 60,000 gallons of gelled brine with 55,000# 20/40 and 55,000# 10/20 sand in four equal stages separated by 3,500# of rock salt. Max. pressure 3,300, min. pressure 2650, average injection rate 35 BPM. ISDP 1700#

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

SIGNED *M. J. Wilson* TITLE **District Superintendent** DATE **8-29-70**

APPROVED BY *Joe L. Ramsey* TITLE **SUPERVISOR DISTRICT 8** DATE **SEP - 2 1970**

CONDITIONS OF APPROVAL, IF ANY: