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NEW MEXICO OIL CONSERVATION COMMISSION

APR 11 7 26 AM '66

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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"/>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Anadarko Production Company		5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 247, Hobbs, New Mexico		7. Unit Agreement Name Langlie Matrix Penrose Sand Unit
4. Location of Well UNIT LETTER A 330 FEET FROM THE East LINE AND 330 FEET FROM THE North LINE, SECTION 28 TOWNSHIP 22 S RANGE 37 E NMPM.		8. Farm or Lease Name Tract No. 25
		9. Well No. 1
		10. Field and Pool, or Wildcat Langlie Matrix
15. Elevation (Show whether DF, RT, GR, etc.) 3344' GL		12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Place well on producing status to flow.

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
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.

Swab in well and put on production.

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

SIGNED *Tom Wilson* TITLE **Project Supervisor** DATE **4/1/66**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: