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NEW MEXICO OIL CONSERVATION COMMISSION

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

APR 27 1967

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		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, New Mexico 88240		9. Well No. 2	
4. Location of Well UNIT LETTER H , 2310 FEET FROM THE North LINE AND 330 FEET FROM THE East LINE, SECTION 29 TOWNSHIP 22S RANGE 37E N.M.P.M.		10. Field and Pool, or Wildcat Langlie Mattix	
15. Elevation (Show whether DF, RT, GR, etc.) N. A.		12. County Lea	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" 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 type="checkbox"/>

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.

1. Pull tubing and rods.
2. Cleanout through casing and shot hole to total depth.
3. Run Gamma Ray, Neutron, and Caliper surveys.
4. Close in well - awaiting further orders.

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

SIGNED Dr. J. Nelson TITLE District Superintendent DATE 4/24/67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: